



UNIVERSITY *of*
TASMANIA

**From ‘barbarous relics’ to an ‘emphasis
on cure’?**

Suicide in Tasmania 1868-1943

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March 2019

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Abstract

Secular understandings of suicide began to emerge in western Europe during the late-seventeenth century. Two hundred years later, in a British colony on the other side of the world, secular approaches had also become well established as the primary way in which Tasmanians understood suicidal behaviour. Witnesses at inquests would invariably point to mental ill health and challenging personal circumstances when attempting to account for the suicides of their friends and family members. The coroners and jury members to whom they recounted these explanations took their responsibilities as investigators seriously, and did not seek to impose moral judgements on the corpses that lay before them. Newspapers similarly eschewed ethical judgements, instead producing detailed, factual, and morally neutral coverage. Official opposition to suicide from Tasmania's major religions had little influence in public debates or the actions of religious ministers, nor any practical manifestations such as the denial of burials in church grounds.

The dominance of secular understandings had profound consequences for the practices, policies and institutions that Tasmania developed to try to manage and prevent suicidal behaviour from 1868. This thesis explores these implications in the areas of the law, the coronial system, inquests, newspaper coverage, psychiatric care, and religion to 1943.

Acknowledgements

I owe a debt I cannot repay for the support, thoughtfulness and attention of my supervisors Professor Stefan Petrow and Professor Philippa Mein Smith. I imagine after careers such as theirs, the supervision of HDR candidates comes to feel somewhat routine. But for me, no one except my parents has had, or probably ever will have, a greater influence on my education than you both.

Among far too many things to list here, I have learned from Stefan to love the history of Tasmania, and the people, places and stories that make up its past. From Philippa I have learned the importance of academic humility, of realising a historian's task is to understand rather than to judge. Both are lessons that forever change the way a person thinks.

I am grateful to my mother, who always asked how my thesis was going and whether I'd be finished on time, and my dad, who almost never did. Thank you especially to my sister Hannah, who provided so much assistance that this project must be considered partly hers. It was great to occasionally see Joe on campus after all my friends had long ago found other places they'd rather be.

Thank you also to all the people in Pittsburgh who so generously gave up their time for someone they'd never met and who they'll probably never see again. Professor Marcus Rediker, Professor Lara Putnam, Professor Seymour Drescher and Dr Jonathon Erlen all contributed more than they know to my overall experience of writing a thesis.

I am grateful for all my friends, who provided distractions when I needed them and often when I really didn't. Research and writing—particularly about such a sombre subject—can be a taxing and solitary endeavour. Silliness helps to balance the ledger.

But my greatest thanks are reserved for my greatest friend. Melanie was there in Mount Nelson to drink champagne when I found out I got a scholarship, and later when I had no money. She was there in America ~~and Argentina~~, at the Grange, in Glenorchy and at the cat centre. She flew past on her skis, came walking in a crimp hat, got muddy with a mattock. She was there every step of the way.

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Introduction

How a society thinks about, understands and decides to respond to suicidal behaviour has a significant impact upon the lives of suicidal individuals. Such factors not only shape the social world of suicidal individuals, but also significantly affect their material existence. The nature of medical and psychiatric treatment, whether or not a legal system imposes penalties for suicidal behaviour, and both the actual and anticipated reactions of a person's friends, family and wider community to their situation all combine to structure the experience and consequences of being suicidal in a particular place and time.

This thesis analyses the factors that shaped the lives of suicidal Tasmanians and their families in Tasmania between 1868 and 1943. A number of questions are central to the study. What views did Tasmanians hold about the causes of, morality, and appropriate social response to suicide, and why? How influential were various views? Who held them? Why? How and why did such views change, or not change, over time? How did legal, medical and social institutions respond to suicide, and why? How and why did these responses change or remain the same? Most critically of all, how did these factors affect suicidal Tasmanians?

The timespan of the thesis has been determined by the availability of archival documents. The thesis begins in 1868, the first year in which detailed Tasmanian inquest records survive; given the files have a 75-year access restriction, 1943 is the final year these records are currently publicly accessible. In a neat coincidence, these years are also five years either side of the first and last major changes to the Tasmanian coronial system as it related to suicide. In 1873 the Coroners Act was amended so that suicide verdicts no longer had the potential to

prevent a Christian burial or to bring about the confiscation of the deceased's property.¹ In 1938 significant changes were made to the form of inquest verdicts that reflected key changes in Tasmanian society's conception of the relationship between mental ill health and suicide.² By focusing on the period where the most significant amendments to the law were made, the thesis is also well situated to analyse changes to the social attitudes and understandings that underpinned legal reforms. Including the five years either side of the changes allows the thesis to analyse their consequences.

Geographically, the study limits its focus to Tasmania, Australia's southernmost state.³ Tasmania is an island of approximately 68 000 square kilometres, and has been populated by the people of nine Aboriginal nations for around 40 000 years.⁴ The Aboriginal people suffered immeasurably at the hands of British colonialists. Beginning around 1820, the occupation of Aboriginal hunting areas in the Midlands region between Hobart and Launceston was actively resisted and led to violent conflict between Aboriginal and colonial groups. This conflict was followed by a series of increasingly drastic responses from the Colonial Government, including the declaration of martial law in 1828 and the infamous Black Line policy of 1830 that sought the complete expulsion of Aboriginal Tasmanians from British-occupied areas. Known as the Black War, the conflict and genocidal violence of the period decimated the Aboriginal population. By

¹ The Coroners Act 1873 (Tas), s. 16.

² Correspondence Relating to the Making and Termination of the Appointment of Coroners, AGD16/1/1, *Tasmanian Archive and Heritage Office* (hereafter *TAHO*).

³ This is not to say that the thesis ignores wider contexts and overseas connections, but instead that these interactions are examined from the perspective of how they shaped attitudes to suicide in Tasmania.

⁴ Lyndall Ryan, *The Aboriginal Tasmanians*, 2nd ed. (St Leonards, 1996), pp. 14-7; John Taylor, 'The Aboriginal Discovery and Colonisation of Tasmania', *Papers and Proceedings: Tasmanian Historical Research Association*, 50, no. 4 (2003), pp. 216-8.

1835 almost all of the Aboriginal survivors had been forcibly removed to Flinders Island in Bass Strait.⁵ While Indigenous communities endure to this day, it seems yet another legacy of this tragic history is that there is no discernible record of Aboriginal suicide among Tasmania's inquest files. Consequently, it is extremely difficult to learn anything about suicidal behaviour among Aboriginal Tasmanians from the surviving historical record.

The British first constituted Tasmania—or Van Diemen's Land, as it was then known—as a penal colony. Most immigration to Van Diemen's Land in the first half of the nineteenth century was therefore connected to the convict system. At the time of the 1847 census, for example, over half of the 70, 000 people living in Van Diemen's Land were current or ex-convicts, and less than one-fifth were free immigrants.⁶ The transportation of convicts ended in 1853, and by the time this thesis begins in 1868 Tasmania had a population approaching 100, 000.⁷ Immigration, predominantly from Britain and the other Australian colonies, increased significantly from around 1875 largely as a result of tin and gold discoveries.⁸ Slower growth followed the boom and by 1891 Tasmania had the largest home-grown population of all the Australia colonies, at almost 75 per

⁵ Henry Reynolds, *A History of Tasmania* (Melbourne, 2012), pp. 47-67; Ryan, *The Aboriginal Tasmanians*, pp. 101-94; Tom Lawson, *The Last Man: A British Genocide in Tasmania* (London, 2014), pp. 203-8. There was also possibly a role played by the spread of European diseases. See Lloyd Robson, *A Short History of Tasmania* (Melbourne, 1985), p. 14.

⁶ Australian Bureau of Statistics, 'History of Tasmania's Population 1803-2000', available at <http://www.abs.gov.au/AUSSTATS/abs@.nsf/7d12b0f6763c78caca257061001cc588/e743fe07252b0081ca256c3200241879!OpenDocument>. Accessed 30 August 2017.

⁷ *Ibid.*

⁸ 'Statistics of Tasmania for 1888', *Tasmanian Journals and Papers of Parliament* (hereafter *TJPP*), vol. XVIII, no. 103 (1889), p. 3. See also Australian Bureau of Statistics, 'History of Tasmania's Population 1803-2000'. On the source of migration to Tasmania, see Jill Cassidy, 'Migration', in *The Companion to Tasmanian History*, Alison Alexander ed. (Hobart, 2005), p. 237. Cassidy notes there was a significant influx of German migrants in 1855, and in the 1870s many Chinese workers came to Tasmania to work in gold and tin mining areas. In the 1900s, however, 97.5% of Tasmania's population was born in either Australia or Britain.

cent.⁹ Steady migration and natural population increases saw these figures rise to approximately 150, 000 in 1890, 200, 000 in 1915, and almost 250, 000 by 1943.¹⁰

Tasmania's population distribution was broadly in line with Australian averages, if perhaps slightly older and slightly more male. In 1870, males constituted 53.1 per cent of the Tasmanian population.¹¹ The number of females did not exceed the number of males until 1979, but from 1920 the male percentage of the population was never greater than 50.7 per cent.¹² These figures are similar to those for the rest of Australia, which was 52.4 per cent male in 1901, 50.1 per cent male in 1921, and 50.4 per cent male in 1941.¹³ Similarly, 4.86 per cent of Tasmanians were aged over 65 in 1881, which dropped to 4.07 in 1901, and rose again to 7 per cent at the time of the 1933 census.¹⁴ This compares to a New South Wales and Victorian average of 2.44 per cent in 1881 (no national figures are available at this time), and Australian averages of 3.97 per cent and 6.46 per cent in 1901 and 1933 respectively.¹⁵

The extent of urbanisation in Tasmania depends upon how population figures are interpreted. From one perspective, Hobart was the least dominant of Australia's capitals relative to its hinterland. In 1891, for example, Hobart was

⁹ Graeme Davison, 'Urbanisation,' in Alison Alexander ed., *The Companion to Tasmanian History*, p. 493.

¹⁰ Australian Bureau of Statistics, 'History of Tasmania's Population 1803-2000', available at <http://www.abs.gov.au/ausstats/abs@.nsf/7d12b0f6763c78caca257061001cc588/e743fe07252b0081ca256c3200241879!OpenDocument>. Accessed 21 December 2018.

¹¹ Australian Bureau of Statistics, 'Population, Tasmania, 1820-2001', available at <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/1384.62002?OpenDocument>. Accessed 30 August 2017.

¹² *Ibid.*

¹³ Australian Bureau of Statistics, 'Australian Historical Population Statistics, 2014', available at <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3105.0.65.0012014?OpenDocument>. Accessed 30 August 2017.

¹⁴ *Ibid.*

¹⁵ *Ibid.*

home to only 22 per cent of Tasmania's population—below Brisbane at 24 per cent and significantly below the average in the other colonies.¹⁶ It was also the only capital to grow more slowly than its State's regional areas.¹⁷ However, Tasmania was unique in that it had two main centres of power: Hobart, in the south, was centred around the government, while Launceston, in the north, was its commercial capital. Launceston was closer to most of the mining regions, and its port, which processed more trade than Hobart's, provided easier access to Victorian markets. If the population of these two cities are combined—that is, if one sees the two cities as sharing the administrative and commercial functions usually contained within a single city—then Tasmania's metropolitan population rises to 38 per cent, which is about in line with Australian averages.¹⁸

More important than whether or not Tasmania was less urbanised than its colonial counterparts are the consequences of its unique population distribution. As the thesis will discuss, such circumstances combined with Tasmania's small population to produce challenges that were not faced to the same extent in other parts of Australia. For example, it was much harder for the Tasmanian government to fund psychiatric hospitals in both the south and north of the state, which in turn affected the availability and quality of care. Similarly, the absence of a single large population centre thwarted the development of private psychiatric services.

Tasmania took its primary cultural cues from the other Australian colonies and Britain: as British novelist Anthony Trollope wrote in the 1870s, Tasmania was

¹⁶ Davison, 'Urbanisation'.

¹⁷ *Ibid.*

¹⁸ *Ibid.*

‘more English than England’.¹⁹ This should be unsurprising given that colonial Van Diemen’s Land was established by the British government, inherited its Common Law, and was sustained largely through immigration from Britain and mainland Australia. Newspapers constantly relayed information to Tasmanians about British and European current affairs, and migrants maintained ties with Britain by corresponding with relatives who had remained there. As information sharing increased up to and throughout the twentieth century, the United States and other western societies also became important points of reference for Tasmania.²⁰ This cultural context informs judgements throughout the thesis about the level of influence exerted by ideas and examples from overseas on Tasmanian attitudes and policy responses to suicide.

Location in literature

Historians have been slow to embark on the challenge of studying suicide. Only in the last thirty years, since the publication of Olive Anderson’s *Suicide in Victorian and Edwardian England*, has the topic begun to command a significant bibliography.²¹ Sociology, by contrast, has been concerned with the study of suicide since Émile Durkheim’s 1897 *Suicide* heralded its inception as a discipline.

Suicide sought to explain the social causes of suicidal acts, and in doing so demonstrate the value of sociological analysis itself.²² Durkheim’s central thesis

¹⁹ Alan Shaw, 'The British Contributions, 1803-55,' in *The Flow of Culture: Tasmanian Studies*, Michael Roe ed. (Canberra, 1987), p. 86. Shaw also writes that it was ‘primarily because of the British connection that in 1855 colonial society had attained the shape and stature that it had’.

²⁰ Stephen Alomes, 'Popular Culture,' in Alison Alexander ed., *The Companion to Tasmanian History* (Hobart, 2005), p. 281.

²¹ Olive Anderson, *Suicide in Victorian and Edwardian England* (Oxford, 1987).

²² Emile Durkheim, *Suicide : A Study in Sociology*, ed. Gerorge Simpson, trans. John Spaulding and George Simpson (London, 1952).

was that, given the divergent yet stable suicide rates of various European countries, suicide must be studied as a social fact rather than an individual action. He analysed the aggregate moral statistics produced within these nations, and purported to show that urban residents, the widowed, the divorced, and Protestants were more likely to die from suicide than their rural, married, or Catholic counterparts.²³ He surmised that this was due to the different levels of social integration experienced by these groups of people, and proposed four ideal types of suicide—egoistic, altruistic, anomic and fatalistic—that related to the various ways in which he believed extreme social integration or disintegration produced suicide.²⁴ Suicide rates would thus move up or down depending on the way in which the structures of society shaped collective organisation, irrespective of the intentions, actions or consciousness of particular individuals. As historian Simon Cooke has noted, this conclusion left little room for historians in the study of suicide because, while different societies might produce varying suicide rates, the connection between social organisation and suicide—Durkheim's 'suicidogenic current'—was not a historically contingent force.²⁵

²³ *Ibid.*

²⁴ *Ibid.*, pp. 13-17, 152-276. Egoistic suicide occurs when an individual is insufficiently integrated with, and regulated by, society (e.g. unemployment); altruistic suicide is symptomatic of excessive integration, and regularly occurs at the behest of more powerful actors or beliefs (e.g. in times of war); anomic suicide is the consequence of insufficient social regulation caused by the rapid expansion or contraction of individual opportunities—a circumstance of growing prevalence in a modern economy (e.g. someone experiencing a significant decline in personal wealth); and fatalistic suicide is the consequence of over-regulation.

²⁵ Simon Cooke, 'Secret Sorrows: A Social History of Suicide in Victoria, 1841-1921' (Unpublished PhD thesis, University of Melbourne, 1998), p. 5. See also John Weaver and Doug Munro, 'The Historical Contingency of Suicide: A Case-Based Comparison of Suicides in New Zealand in the 1930s and 1980s', *New Zealand Sociology*, 25, no. 1 (2010), pp. 100-30. Durkheim's ahistorical approach is similar to many of the psychological studies produced today, which posit links between suicide and lifestyle circumstances or neurological patterns without considering suicide as a conscious and meaningful action in itself. Of course, if suicide is a meaningful action to the individuals that perform it, then the action must also be believed to be intelligible to others in the social group, and these systems of meaning therefore warrant attention. An interesting hybrid of

Durkheim's thesis has been subjected to numerous critiques, especially since the late-1960s. First among these is the contention that the statistics utilised by Durkheim were nowhere near as reliable as he assumed they were. Critics point to the possibility of concealment by families fearful of attracting social opprobrium, or the high likelihood of misclassification by coroners, particularly in cases involving death by drowning or poisoning.²⁶ Sociologist J. Maxwell Atkinson has also produced an impressive analysis highlighting how preconceived ideas about what constitutes a suicidal death not only shape coronial decision-making but also play a significant role in determining the nature and course of death investigations.²⁷ Suicide rates, in this view, reveal as much about the processes of recording statistics as they do about the social event itself.²⁸

In his book *The Social Meanings of Suicide*, Jack Douglas has provided the most thoroughgoing challenge to the Durkheimian position.²⁹ In addition to the evidentiary problems mentioned above, Douglas also argues that suicide research suffers from a serious epistemological difficulty. He contends that studies based upon official statistics are unable to provide an accurate account of

the two approaches can be found in Howard Kushner, *Self-Destruction in the Promised Land: A Psychocultural Biology of American Suicide* (New Brunswick, 1989).

²⁶ Victor Bailey, *"This Rash Act": Suicide across the Life Cycle in the Victorian City* (Stanford, 1998), p. 23.

²⁷ J. Maxwell Atkinson, 'Societal Reactions to Suicide: The Role of Coroners' Definitions,' in *Images of Deviance*, Stanley Cohen ed. (Middlesex, 1971), esp. pp. 175-83; J. Maxwell Atkinson, *Discovering Suicide: Studies in the Social Organization of Sudden Death* (Melbourne, 1978).

²⁸ This is similar to the point made by E. H. Carr in *What is History?*: 'No document can tell us more than what the author of the document thought—what he thought had happened, what he thought ought to happen or would happen, or perhaps only what he wanted others to think he thought, or even only what he himself thought he thought. None of this means anything until the historian has got to work on it and deciphered it. The facts, whether found in documents or not, have still to be processed by the historian before he can make any use of them: the use he makes of them is, if I may put it that way, the processing process'. E. H. Carr, *What Is History?* (London, 1962), p. 16.

²⁹ Jack Douglas, *The Social Meanings of Suicide* (Princeton, 1967), pp. 163-385.

a social phenomenon such as suicide, because suicidal actions cannot be separated from the cultural environment that gives them meaning.³⁰ To talk of uncovering or even approximating a 'true' rate of suicide is beside the point, as aggregate statistics of the kind utilised by Durkheim are inherently divorced from their hermeneutic context, and therefore lack explanatory value.³¹ One must first understand how and why a death came to be socially understood as a suicide in a certain time and place before one can begin utilising the records these people produced to try to understand the experience and causes of suicidal deaths.³²

This central divide among sociologists carried over to the historical studies of suicide that began to be published from the late-1980s. Cognisant of the limitations of Durkheim's approach, but nevertheless wanting to contribute to our understanding of the causes of suicide, many historians proceeded with modified Durkheimian approaches. Olive Anderson's study of suicide in Victorian and Edwardian England begins with an analysis of the processes that lay behind the production of official statistics. She argues that, while caution is required when employing such figures, they are not the 'elaborate fictions' that others had charged them with being.³³ Instead, official statistics are simply 'bare bones' that need to be 'given flesh and made to function as the anatomy of an intelligible

³⁰ *Ibid.*

³¹ *Ibid.*

³² A similar point is made by Silvia Canetto and Isaac Sakinofsky in their study of the divergence between male and female suicide rates. They write that 'cultural expectations about gender and suicidal behavior strongly determine its existence. Evidence from the United States and Canada suggests the gender gap may be more prominent in communities where different suicidal behaviors are expected of females and males. These divergent expectations may affect the scenarios chosen by females and males, once suicide becomes a possibility, as well as the interpretations of those who are charged with determining whether a particular behavior is suicidal (e.g., coroners)'. Silvia Canetto and Isaac Sakinofsky, 'The Gender Paradox in Suicide', *Suicide and Life-Threatening Behavior*, 28, no. 1 (1998), p. 1.

³³ Anderson, *Suicide in Victorian and Edwardian England*, pp. 9-40. See also Bailey, "This Rash Act", p. 27.

whole'.³⁴ To this end, Anderson considers a limited number of individual case histories as well as popular representations of suicide. She narrows the scope of Durkheim's analysis, instead using suicide rates to explore issues around age, gender, occupation and geography, which can be seen as a tentative acknowledgement of Douglas's argument that suicidal behaviours do not have a universally shared meaning.³⁵ This more nuanced approach sustains her central contention that Durkheim's theory that levels of suicide are inherently connected to social integration is demonstrably false in the case of Victorian and Edwardian England.³⁶ Accordingly, Anderson's work also reintroduces a role for historians in suicide studies, arguing compellingly that dying from suicide is 'an experience deeply affected by its specific historical context'.³⁷

The significance of these insights has been recognised by historians Victor Bailey and John Weaver in their studies of suicide in Kingston upon Hull and Queensland and New Zealand, respectively.³⁸ Each author based their research upon large numbers of individual inquest records. By accumulating micro-level case histories, they hoped to overcome some of the problems posed by the use of aggregate data. For example, in an attempt to overcome concerns about coronial misclassification, Bailey and Weaver reclassified a large number of deaths as suicides based upon the information contained in the testimonies of inquest

³⁴ Anderson, *Suicide in Victorian and Edwardian England*, p. 3.

³⁵ Douglas, *The Social Meanings of Suicide*, p. 157. See also Atkinson, 'Societal Reactions to Suicide', pp. 167-8.

³⁶ Olive Anderson, 'Did Suicide Increase with Industrialization in Victorian England?', *Past and Present*, 86 (1980), pp. 149-73.

³⁷ Anderson, *Suicide in Victorian and Edwardian England*, p. 420.

³⁸ Bailey, *"This Rash Act"*; John Weaver, *A Sadly Troubled History: The Meanings of Suicide in the Modern Age* (Montreal, 2009). See also Weaver, *Sorrows of a Century: Interpreting Suicide in New Zealand, 1900-2000* (Wellington, 2014).

witnesses.³⁹ Similarly, whereas Durkheim was accused of producing an 'ecological fallacy' by assuming a causal relationship between official suicide rates and other national data, such as population distributions, these authors contend that the accumulation of more detailed sources allowed them to connect suicides to real world events, individual lifestyles, and motives.⁴⁰ Each used their data sets to conduct analyses of the factors that led various groups of people to end their lives, and established prospective suicide rates both for their societies as a whole and for numerous sub-sections relating to age, gender, occupation, and place of residence, among other things.⁴¹

Both Bailey and Weaver present their findings within a 'life cycle' framework. The purpose of this, according to Bailey, is to offer a 'refurbished Durkheimianism' that shows how suicide held different meanings, and therefore had different causes, for different social groups.⁴² Weaver, whose study is methodologically similar to Bailey's, is nevertheless significantly more hostile to Durkheim's approach. His book, *A Sadly Troubled History: The Meanings of Suicide in the Modern Age*, not only contains lengthy critiques of Durkheim, but also references Jack Douglas's influential critical work in its title.⁴³ Part of the study attempts the daunting task of reconstructing the final mindsets of individuals who died from suicide, and this is what separates his work most from Bailey's.⁴⁴ However, both Weaver's work and Bailey's contain scant analysis of

³⁹ Bailey, *"This Rash Act"*, p. 64; Weaver, *A Sadly Troubled History*, p. 116. Victor Bailey added 125 deaths to his dataset (to make a total of 729 cases), while Weaver added 175 for Queensland and 492 for New Zealand (adding about 12% to each dataset).

⁴⁰ Weaver, *A Sadly Troubled History*, pp. 111-8.

⁴¹ *Ibid.*, pp. 111, 145-55; Bailey, *"This Rash Act"*, pp. 125-62.

⁴² Bailey, *"This Rash Act"*, p. 5.

⁴³ Weaver, *A Sadly Troubled History*, pp. 19-61 (and throughout).

⁴⁴ *Ibid.*, pp. 265-344.

social attitudes and understandings, which is problematic in light of Douglas's statement that

my whole method of analysing social meanings leads us to try to see the general in the particular, and the particular in the general; and certainly one of the fundamental ideas of this ("Zirkel im Verstehen") method is that the particulars are frequently comprehensible only in terms of the general context in which they occur, so that one must have some idea of the general context in order to understand the particular.⁴⁵

As Douglas warns, the separation of actions from cultural context can lead researchers to view their documentary sources less critically than Douglas believes is necessary. In turn, as mentioned above, this can pose epistemological problems, as Douglas pointedly argues:

In almost all cases the students of suicidal actions as social actions have been captives of the cultural meanings rather than students or analysts of the cultural meanings: they have taken such meanings as the socially imputed motives as being "explanations" in themselves or as being "mere rationalisations" (or simply irrelevant, as Durkheim argued), rather than taking them as part of the evidence about the meanings of suicidal phenomena, as phenomena demanding analyses and explanations themselves.⁴⁶

Observations such as these suggest a detailed study of social attitudes and understandings would complement, and significantly strengthen, Bailey and Weaver's analyses.

More closely aligned with Douglas's approach is the work of historians Michael MacDonald and Terence Murphy on early modern England.⁴⁷ Their research, like

⁴⁵ Douglas, *The Social Meanings of Suicide*, p. 242.

⁴⁶ *Ibid.*, pp. 159-60.

⁴⁷ Michael MacDonald and Terence R. Murphy, *Sleepless Souls: Suicide in Early Modern England* (Oxford, 1990). See also Michael MacDonald, 'The Secularization of Suicide in England 1660-1800', *Past & Present*, 111 (1986), pp. 50-100; Michael Macdonald, 'The Medicalization of Suicide in England: Laymen, Physicians, and Cultural Change, 1500-1870', *The Milbank Quarterly*, 67

the work of Bailey and Weaver, is based upon an analysis of large numbers of inquest files. However, they utilise these documents to explore cultural understandings of suicide. They do not attempt to approximate suicide rates—something they dismiss in *Sleepless Souls* as ‘the history of illusions’—and nor do they seek to uncover the reasons people acted to end their own lives.⁴⁸ MacDonald and Murphy’s approach is made possible by the way in which they analyse the inquest documents. Instead of taking witness statements as largely accurate accounts of the circumstances leading up to particular suicides, MacDonald and Murphy analyse these sources for what they reveal about the attitudes and cultural understandings witnesses had about suicide.⁴⁹ In a similar way, they employ witness testimonies to explore the ways in which both lay and professional people sought to explain the suicidal deaths of friends, family members, acquaintances and patients. In Douglas’s parlance, they use these records to improve our understanding of the *social meaning* that suicide carried. They perform similar analyses of legal opinions and reforms, periodicals, novels, religious texts, medical records and, in a particularly excellent chapter, newspaper reports.

MacDonald and Murphy also devote considerable attention to inquest verdicts and their meanings.⁵⁰ In early modern England when suicide verdicts that were not mitigated by a finding that the deceased was insane at the time of their death carried potentially significant legal, religious and social penalties, knowing which circumstances generally produced or prevented insanity findings is of great

(1989), pp. 69-91; Michael MacDonald, 'Suicide and the Rise of the Popular Press in England', *Representations*, 22 (1988), pp. 36-55.

⁴⁸ MacDonald and Murphy, *Sleepless Souls*, p. 247.

⁴⁹ *Ibid.*, pp. 259-300.

⁵⁰ *Ibid.*, pp. 109-43.

importance for understanding attitudes to suicide. Recognising the material consequences suicidal individuals believed would be attached to their deaths is also a critical component of understanding the social meaning of suicide for those who died in such a way. Analyses of this sort also aid our understanding of how the everyday people who constituted coronial juries viewed both the causes of suicide and the relationship between personal circumstances and mental ill health.

Such an approach allows MacDonald and Murphy to sustain their thesis that attitudes to suicide first became more severe from about 1500, began to soften again around 1660, and by 1800 had essentially completed the transition to leniency. They attribute the hardening of attitudes and punishments largely to a combination of the reform of legal institutions, changes within the religious structure of English society, and the financial incentive the State had in prosecuting suicide. They propose that more lenient views were encouraged by the 'secularisation' of society, by which they do not mean growing irreligiosity, but an increased propensity to explain the world and human behaviour in medical, scientific, and other non-supernatural ways.⁵¹ They argue convincingly that the emergence of leniency was not something driven by the medical profession itself but by laypeople and the political, religious, social and cultural environment of the times.⁵²

A number of studies that similarly eschew statistical analyses further demonstrate the value of focussing research on social attitudes to suicide. In *Victorian Suicide*, literary scholar Barbara Gates examines the intellectual world

⁵¹ There is a good summary of what this entailed on p. 6 of MacDonald and Murphy, *Sleepless Souls*.

⁵² MacDonald and Murphy, *Sleepless Souls*, pp. 42-143. See also MacDonald, 'The Medicalization of Suicide in England' p. 86.

of Victorian England as it related to ideas about suicide.⁵³ She traces changes in medical opinion and connects those changes to a propensity to see suicide as neither a sin nor a crime.⁵⁴ Gates also explores some of the undercurrents of Victorian England's ideological life, such as a disdain for perceived aristocratic sinfulness and a tendency to represent taboo ideas and behaviours as alien or 'other', and demonstrates how these manifested in Victorian discussions and understandings of suicide.⁵⁵ 'People and places remote in time or space', she suggests, 'offered a set of surrogate selves to examine, praise, or condemn'.⁵⁶ By locating the various ways in which Victorians thought and wrote about suicide within a broader framework, her approach provides a compelling account of the reasons why these approaches, and not others, typified the Victorian era.

Ian Miller has studied attitudes to working-class suicides in England between 1870 and 1910.⁵⁷ Much like MacDonald, Murphy and Gates, he found that traditional frameworks for thinking about and condemning suicide continued to influence attitudes despite the emergence and increasing dominance of secular outlooks that stressed the role of circumstances and mental illness. Miller contends that class, gender, 'respectability' and morality shaped the interpretation of suicidal deaths, and did so in ways that did not always correspond neatly with the dominant strands of either the traditional or secular

⁵³ Barbara Gates, *Victorian Suicide: Mad Crimes and Sad Histories* (Princeton, New Jersey, 1988). For a judicious review, see Howard Kushner, 'Victorian Suicide: Mad Crimes and Sad Histories, Barbara T. Gates', *Journal of Social History*, 24, no. 2 (1990), pp. 439-441.

⁵⁴ *Ibid.*, pp. 3-22.

⁵⁵ See also Donna T. Andrew, *Aristocratic Vice: The Attack on Duelling, Suicide, Adultery, and Gambling in Eighteenth-Century England* (New Haven, 2013).

⁵⁶ Gates, *Victorian Suicide*, p. 82.

⁵⁷ Ian Miller, 'Representations of Suicide in Urban North-West England C.1870-1910: The Formative Role of Respectability, Class, Gender and Morality', *Mortality*, 15, no. 3 (2010), pp. 191-204.

paradigms.⁵⁸ Readers gain an understanding not just of the various social reactions that society had to suicide, but also of the ways in which new ideas interacted with other ideological positions that related to justice, the performance of social roles, and morality.

Simon Cooke has produced the most detailed study of social understandings of suicide in Australia.⁵⁹ Focussed on the state of Victoria, the first part of his thesis considers the changing role of the inquest system and examines the various ways in which participants tried to account for suicidal deaths.⁶⁰ The second half of his thesis focuses on suicide rates, and accordingly suffers from many of the potential problems discussed above in relation to Bailey and Weaver's work.⁶¹ His most important finding, found in Part 1 of his thesis, is that the inquest system became increasingly bureaucratised.⁶² He contends this was related to the destigmatisation of suicide and the removal of punishments previously associated with suicidal deaths.⁶³ In other words, the coronial system for investigating suicide became gradually more akin to an official registration process, because both the law and everyday members of society increasingly viewed suicide as similar to any other type of death. Though Cooke limits his discussion of the material consequences of suicide to the inquest system and post-mortem punishments, his approach nevertheless demonstrates the value of analysing attitudes to suicide alongside social responses.

⁵⁸ *Ibid.*

⁵⁹ Cooke, 'Secret Sorrows'.

⁶⁰ *Ibid.*, pp. 33-193.

⁶¹ *Ibid.*, pp. 194-408.

⁶² *Ibid.*, esp. pp. 81-2

⁶³ *Ibid.*, pp. 81-2, 115-6, 148-50.

One significant limitation of almost all major works on suicide, and particularly those concerned with exploring social attitudes to suicide, is that their analytical scope is limited to suicidal deaths. This thesis, by contrast, also considers social attitudes and responses to suicide attempts and suicidal ideation.⁶⁴ This perspective is important because various forms of suicidal behaviour are not, and were not seen as, completely discrete actions or phenomena. Analysing social reactions to a broader set of related behaviours can help to strengthen conclusions that are drawn about attitudes and responses to suicidal deaths, and can bring to light issues that are obscured by, for example, the inquest process (such as issues around gender). Where there might be clear differences in the ways different types of suicidal behaviour produced different social reactions, it allows the thesis to analyse the reasons why this was the case.

Considering a fuller range of suicidal behaviours and society's response to them also enables the thesis to analyse the punishments Tasmanian law imposed on people who attempted suicide, as well as the reasons why and circumstances in which these were imposed. It also prompts an analysis of the treatment or support options that were available to people who expressed a desire or made an attempt to end their lives, and a discussion about how such treatment and support was accessed or imposed. Considering attempted suicide and suicide ideation also furthers the analysis of issues around the stigmatisation of suicide, and aids an understanding of the various choices and decisions faced by suicidal Tasmanians. Furthermore, such an approach allows the thesis to explore in more detail the interaction between attitudes and social responses, as the thesis

⁶⁴ Other forms of behaviour that might be considered suicidal, such as intentionally self-destructive drug use, are not considered.

extends further into the twentieth century than almost all of the above-mentioned studies. This is important because it was during these later years that social responses to suicide changed most significantly.

Another way in which studies of social attitudes could be extended is by being more open to external influences in their assessments of cultural contexts. Whereas Jack Douglas's sociological work was concerned only with the methodology needed to properly study suicide, historical analyses should not be content with explaining what a given society thought about suicide. They must also explain why members of society came to hold these attitudes. The same is true for material responses to suicide. In their explanations of why a society held the views it did (and not others), and why it decided on one type of response (over another), few historians have given much weight to the example and influence of developments in other places.

Attitudes and responses to suicide in Tasmania developed in connection with similar changes elsewhere. In the centuries prior to 1868, large-scale historical forces engaged areas of the western world in a process of secularisation that swept away much of the supernaturalism, horror, and retribution that for centuries had characterised both popular and elite understandings and responses to suicide.⁶⁵ This more secular outlook, as well as the laws and institutions that it spawned, were brought to Tasmania during the colonial period and cemented through decades of predominantly British immigration. New arrivals brought their ideas, memories, understandings and traditions with them; they kept in touch with developments at home either through

⁶⁵ MacDonald and Murphy, *Sleepless Souls*; MacDonald, 'The Secularization of Suicide', pp. 50-100.

correspondence with family members or by reading news sources; and the politics of both Tasmania and the other Australian colonies remained deeply referential to, and cognisant of, developments occurring elsewhere in the British Empire. In the nineteenth century, technologies such as the telegraph facilitated ongoing engagement between news bureaus, lawmakers, and medical specialists in Europe, North America, Australasia, and elsewhere. The rise of scientific medicine not only provided new frameworks for thinking about mental illness and suicide, but dramatically altered the treatment options that societies provided.⁶⁶ The professionalisation and bureaucratisation that typified the Progressive Era in America, Australia and New Zealand around the turn of the twentieth century also shaped many of the functions and responses of government as they related to suicidal behaviour.⁶⁷

These historical phenomena had the effect of making Tasmanian attitudes and responses to suicide broadly similar to those held across the western world. Samples of inquest files in both the United States and England are remarkably similar, both in form and in terms of the way in which witnesses sought to explain suicidal deaths.⁶⁸ Newspaper reports of suicide published in England and Australia likewise show few signs of being shaped significantly by the country in which they were written and read.⁶⁹ Ideas about suicide were circulating internationally.

⁶⁶ On this point see MacDonald, 'The Medicalization of Suicide in England' pp. 69-91.

⁶⁷ Peter J. Coleman, *Progressivism and the World of Reform: New Zealand and the Origins of the American Welfare State* (Lawrence, 1987); Daniel T. Rodgers, *Atlantic Crossings: Social Politics in a Progressive Age* (Cambridge, Massachusetts, 1998); Michael Roe, *Nine Australian Progressives: Vitalism in Bourgeois Social Thought 1890-1960* (St. Lucia, 1984). Progressive influences on Tasmanian approaches to suicide will be discussed in more detail in Chapter 2.

⁶⁸ For the US see Allegheny County, Pa. Coroner's Office Records, 1884-1976, AIS.1982.07, Archives Service Center, University of Pittsburgh. For the UK see Bailey, "This Rash Act".

⁶⁹ MacDonald, 'Suicide and the Rise of the Popular Press in England', pp. 36-55.

A similar phenomenon is evident in medical circles. As the twentieth century approached, western medical journals were displaying similar approaches to the study of mental illness, and were promoting research from around the world.⁷⁰ Medical Associations had also begun hosting international conferences, one of which was held in Hobart by the Intercolonial Medical Congress in 1902, and another by the Australasian Medical Congress in 1934.⁷¹ Professionals were sharing ideas and approaches at an unprecedented pace.⁷²

The apparent similarity between social understandings of suicide across parts of the western world therefore suggests that the adoption of a transnational framework—that is, an approach that focuses on ideas, movements, policy approaches or people and the way in which they moved through the world, rather than their particular manifestation in a discrete time and place—could potentially improve our understanding of the subject. Such convergence also suggests that the conclusions this thesis draws about the nature and causes of Tasmanian attitudes and responses to suicide may prove to have relevance in places far removed, geographically, from Tasmania.⁷³

⁷⁰ See, for example, Anon., 'The Relation of Suicide to Alcohol Consumption', *Journal of the American Medical Association*, XX, 21 (1893), p. 594; Anon., 'Suicide Prevention', *Journal of the American Medical Association*, XLV, 23 (1905), p. 1740; Anon., 'Book Reviews', *Intercolonial Medical Journal of Australasia*, IV, 11 (1899), pp. 583-4.

⁷¹ *Intercolonial Medical Congress of Australasia: Transactions of the Sixth Session, Held in Hobart, Tasmania, February, 1902* (Hobart, 1903); *Australasian Medical Congress: Transactions of the 4th Session, Hobart, January 15 to 20, 1934* (Hobart, 1935).

⁷² For an overview of some of the main approaches in the history of science and medicine, see Nestor Herran Simone Turchetti, and Soraya Boudia, 'Introduction: Have We Ever Been "Transnational"? Towards a History of Science across and Beyond Borders', *The British Journal for the History of Science*, 45, no. 3 (Special Issue: Transnational History of Science) (2012), pp. 319-36.

⁷³ An example of such a study is Ian Tyrrell's analysis of the Woman's Christian Temperance Union and the introduction of anti-alcohol reforms across the world. See Ian Tyrrell, *Woman's World/Woman's Empire: The Woman's Christian Temperance Union in International Perspective, 1880-1930* (London, 1991).

However, a number of factors complicate the use of a transnational approach. Such a project requires access to many different archives, which is not feasible for this thesis. There is also the problem that shifting attitudes and responses to suicide did not follow what might be considered a conventional political path, in the sense that the shifts were not the product of an organised social movement. There were no coordinated community or occupational groups, political parties, or organisations directly advocating for change. There was relatively little ongoing public debate, and the issue was peripheral at best to the legislative process. For the most part, attitudes and responses to suicide gradually and quietly changed in line with some of the larger-scale processes mentioned above. Nevertheless, much of the knowledge that shaped Tasmanian attitudes and responses to suicide did emerge precisely because of the existence of what Pierre-Yves Saunier terms 'transnational circulatory regimes'.⁷⁴ For example, the Hospital for the Insane at New Norfolk began attempting to treat suicidal patients with shock therapy less than two years after the treatment was first trialled by Manfred Sakel, a Viennese physician practising in the United States. Such networks had profound consequences for suicidal individuals in Tasmania, and the thesis explores these networks and their effect on Tasmanian approaches to suicidal behaviour.

The example of psychiatric treatments highlights another important consideration when analysing the role of transnational historical forces: attitudes and responses to suicide were shaped by many different sources of influence, and these often operated separately from one another and affected

⁷⁴ Pierre-Yves Saunier, *Transnational History* (New York, 2013), p. 64. By 'regimes', Saunier refers to the processes, structures, networks or other channels by which information, ideas, goods or people circulated.

different and relatively unconnected areas of society. For example, the influence of religion bears little similarity to the influence of psychiatry, and both of these influences were different to the role played by newspapers. Distinct historical forces were also either more or less capable of being resisted, and thus also more or less subject to processes of adaptation.⁷⁵ As Saunier notes, each 'circulating item behaves differently, frames its own kind of space, [and] generates different consequences'.⁷⁶ Assessing the effect of the many different external stimuli that influenced Tasmanian attitudes and responses to suicide requires different approaches that depend upon the subject under discussion.

Accordingly, the thesis treats the subjects of the six chapters as sites in which various transnational forces interacted, combined or clashed with local circumstances to shape the lives of suicidal individuals and their families. It bases its analysis on a combination of primary and secondary sources. Newspapers, books and parliamentary debates are analysed for instances where Tasmanians consciously turned overseas in their attempts to explain suicide, propose policy responses, or amend the law. Medical conferences and journals display the extent to which foreign ideas and practitioners shaped Tasmanian thought and practises. The suicides of recent arrivals, and the testimony of their relatives at inquest, provide an opportunity to test how closely their understandings of suicide matched those of people who had spent their entire lives in Tasmania. The edicts of the Christian churches, and particularly the Church of England, can be compared to actual religious practices in Tasmania in order to analyse the extent to which local circumstances and personal

⁷⁵ Sean Scalmer, 'Translating Contention: Culture, History, and the Circulation of Collective Action', *Alternatives*, 25 (2000), pp. 491-514.

⁷⁶ Saunier, *Transnational History*, p. 65.

relationships 'translated' these broad influences into the local 'language'.⁷⁷ Secondary studies of social attitudes and responses to suicide in other places allow comparisons to be made between the findings of the thesis and those of other historians.

Source discussion

In combination with the methodological concerns discussed above, the availability of various types of evidence suggests a focus on social attitudes and responses to suicide would be most the appropriate approach for this thesis to take.

The historical record of suicidal behaviour in Tasmania comprises four main groups of sources. The first, and most relevant to a range of topics, is newspaper reports. Suicide was discussed widely in the Tasmanian press, both abstractly in the form of letters concerning the morality and causes of suicide, and more particularly in the form of news reports on suicides, attempted suicides, inquest hearings and parliamentary debates. From these it is possible to glean significant understandings of the ways in which Tasmanians viewed suicidal behaviours and the appropriate social response to them. Tasmanian newspapers also published from diverse ideological positions; the range includes religious, conservative, liberal and socialist papers.⁷⁸ This provides an opportunity to consider the extent to which different social groups and classes reacted to suicide in different ways.

⁷⁷ Scalmer, 'Translating Contention', p. 514.

⁷⁸ For a general overview of the Tasmanian press and its ideological viewpoints, see Michael Roe, 'Newspapers,' in Alison Alexander ed., *The Companion to Tasmanian History* (Hobart, 2005), pp. 251-2.

Another key group of sources relates to the creation and administration of laws related to suicide and death investigation. Parliamentary Papers for Tasmania display the various positions that members held during the process of enacting legislative change. From 1877 to 1922 they also include crime statistics relating to the number of people who were charged by police with attempting suicide, while records from police stations across the state offer insights into the ways and extent to which police tried to enforce the law. Records from the Attorney General's Department provide valuable information about the appointment of coroners and changes that were made to the form and meaning of various inquest verdicts.

The records of the Hospital for the Insane at New Norfolk are also central to the thesis. Patient admission records shed light on the sorts of behaviours that might have caused a suicidal person to be hospitalised, and consequently highlight both medical understandings of suicidal behaviours and the extent to which hospital treatment was an option for suicidal individuals. Patient case files facilitate an analysis of the types of treatments that patients could expect to have received at various points between 1868 and 1943, and help connect psychiatric practices in Tasmania to those employed elsewhere.

The final and most important group of sources are Tasmania's inquest records, which come in two forms. A series from the Supreme Court Registrar's Office covers every inquest held in Tasmania for the period of this study (with the exception of a small number of lost files).⁷⁹ These provide information about the frequency with which various verdicts were handed down, as well as more

⁷⁹ Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195, TAHO.

minor details such as the location of inquests. Two further series from the Attorney General's Department contain detailed inquest records for most inquests held in the greater Hobart region between 1868 and 1943, inquests on the west coast between 1902 and 1913, and a number of inquests held in other areas of the state from around 1920.⁸⁰ These files include lengthy statements from friends, family members, colleagues, associates, witnesses, doctors, police, and post-mortem medical examiners. Among many things, the records disclose details about the circumstances leading up to the death, the physical facts of the death, reasons that those close to the deceased offered as potential motivations for suicide, and the medical history of the person who had died.

There are a number of reasons why this thesis does not use these files to reconstruct suicide rates or attempt to assess what social factors or personal experiences were most important in leading Tasmanians to suicide. First, and most importantly, historians such as Olive Anderson, John Weaver, Victor Bailey and Simon Cooke have already conducted analyses of this sort. The volume of data they have accumulated and the skill with which they have deployed it means there is very little that would be added to the historical literature by using the Tasmanian files in this way.

Second, I do believe significant challenges remain in using Tasmanian inquest files to determine rates or leading causes of suicide. Tasmania's relatively small population means the number of suicides each year were so few that annual rises and declines were as likely to be the result of statistical chance rather than any external social factor. Combining figures into five- or ten-year blocks, for

⁸⁰ Inquest Files, AGD20, TAHO; Depositions and Papers Relating to Coronial Inquests on the West Coast, AGD21, TAHO.

example, could help to overcome such chance variations, though this simply produces problems associated with arbitrarily imposed groupings.

Combining figures in this way would also do little to overcome the fundamental inaccuracy of the statistics. As Rebecca Kippen has found, between 1839 and 1899 Tasmanian coroners returned 460 findings of suicide, and 6908 open verdicts or findings of accidental death.⁸¹ This means only three per cent of these cases would need to have actually been suicides for the suicide rate to increase by fifty per cent. Determining to what extent open verdicts conceal suicides is almost impossible, because few open verdicts contain sufficient information to justify reclassification.⁸² Furthermore, the two series with inquest files containing depositions and medical evidence are incomplete.

Attempts to uncover the leading motives, purposes or causes of suicide in Tasmania are equally problematic. As will be shown, too often witness testimonies were uncertain, dubious, or contradicted by other testimony. In a large number of cases no motive or cause was suggested at all. The same is true of suicide notes, which were generally brief and used a means of saying goodbye rather to explain an individual's actions.⁸³ More fundamentally, it is not helpful to reduce a behaviour as complex as suicide to something as simplistic as 'marital difficulties' or 'alcohol'. As Howard Kushner understood in his study of suicide in the United States, genetics and neurochemistry play an important role in how

⁸¹ Rebecca Kippen, 'Death in Tasmania: Using Civil Death Registers to Measure Nineteenth-Century Cause-Specific Mortality' (Unpublished PhD thesis, Australian National University, 2002), p. 96.

⁸² John Weaver and Victor Bailey believe otherwise. Their argument will be discussed at greater length and with reference to primary sources in Chapter 3. Weaver, *A Sadly Troubled History*, p. 116; Bailey, *"This Rash Act"*, pp. 64-5.

⁸³ Suicide notes were once referred to as 'suicide letters'. The change in the common terminology probably reflects the brief nature of most notes.

individuals develop and manage stress, anger, anxiety and depression.⁸⁴ In a similar way, lifetimes of experiences are important when trying to understand what can lead people to end their own lives. Pressures and traumas can result in neuronal damage that fundamentally alters the way that individuals handle stressful situations, as can the early-life experiences of childhood and adolescence.⁸⁵ Subjective perceptions of the quality of informal support networks also play an important role in coping with life's strains.⁸⁶ Perhaps most simply, the behaviour of individuals also depends upon emotional and cognitive habits established through lifelong processes of learning and repetition.⁸⁷

The major problem that arises from this understanding—incomplete as it may be—is that we begin to see that inquests did not function in a way that could elicit any of this information. They were primarily a vehicle for uncovering the cause of a death, rather than the reasons behind it.⁸⁸ As Tasmanian coroner Ernest William Turner said of conflicting evidence about motives during his final summary at a 1919 inquest, 'this was foreign to the main purport of the enquiry'.⁸⁹ The questions asked by coroners and jury members were designed to enable them to establish or rule out suicide as a fact, not to understand why a death occurred in any truly meaningful sense. As will be discussed in more detail in Chapter 3, the testimonies provided by friends, family, doctors and acquaintances reveal much more about common conceptions of the nature of

⁸⁴ Kushner, *Self-Destruction in the Promised Land*, p. 177.

⁸⁵ *Ibid.*; Kenneth Conner, Paul Duberstein, Yeates Conwell, Larry Seidlitz, and Eric Caine, 'Psychological Vulnerability to Completed Suicide: A Review of Empirical Studies', *Suicide and Life-Threatening Behavior*, 31, no. 4 (2001), pp. 267-85.

⁸⁶ *Ibid.*

⁸⁷ *Ibid.*

⁸⁸ This a common complaint of historians who work with death statistics more generally. An inquest finding might be that an individual died from 'heart failure', but this teaches us very little about the disease that caused it. In other words, inquests and death registers often recorded symptoms as causes. See Kippen, 'Death in Tasmania'.

⁸⁹ *Examiner*, 12 May 1919, p. 6; Inquest Files, AGD20/1/26 (no. 43), TAHO.

suicide and suicidal people than they do about the reasons for a particular death.⁹⁰

Thesis structure

All of the above methodological and evidentiary considerations have shaped the design and structure of the thesis. The thesis will analyse the ways in which Tasmanian society responded to suicidal behaviour, the attitudes about suicide that prevailed among non-suicidal Tasmanians, and the consequence of these responses and beliefs for suicidal individuals. The thesis will investigate these three main areas in chapters focussed on the law, the coronial system, inquests, newspapers, psychiatric care, and religion.⁹¹ These subjects have been chosen in order to cover the six main ways in which the lives of suicidal individuals interacted, including posthumously, with Tasmanian society. In order to achieve each of its core aims, the thesis examines such interactions from the perspectives of both suicidal individuals and broader Tasmanian society.

The thesis begins with an analysis of the various laws that existed in Tasmania for cases of suicide and attempted suicide. It examines amendments to these laws, the first of which occurred in 1873 and signified the beginning of the decriminalisation process. The chapter tracks the debates that preceded the changes for what they can tell us about Tasmanian attitudes to suicide, discusses the ways in which such amendments were shaped by changes that occurred elsewhere, and highlights the practical effect of the changes. The chapter also scrutinises the manner in which the laws around attempted suicide were enforced, how this changed over time, and suggests reasons why patterns of

⁹⁰ On this point, see Douglas, *The Social Meanings of Suicide*, pp. 159-60.

⁹¹ The sources used, and the reasons why, are discussed at the beginning of each chapter.

enforcement might have changed. It analyses the sorts of people most likely to have legal sanctions imposed upon them, and assesses the extent to which these outcomes were the product of existing community attitudes, particularly those based upon conceptions of class and gender.

Chapter 2 analyses the coronial system and the changes it underwent in the early part of the twentieth century, and considers how these might have been influenced by Progressive Era ideas about the role of experts in government. Understanding the changing nature and purpose of the inquest system is critical to any interpretation of inquest records. More than this, however, the chapter argues that the changes that did occur also demonstrate fundamental shifts in the way in which suicide was seen by Tasmanians, especially in terms of who was best placed to respond to it. Was it a moral, community concern, or was it more of a medical and bureaucratic issue that should be dealt with by experts?

The thesis then shifts its focus to the inquest records themselves. It draws upon almost one thousand individual case files to assess what Tasmanians thought were the causes of suicide, how doctors explained such deaths, how suicide was viewed in a moral sense, and how all of these understandings changed over time. In line with the discussion above, it interrogates these views for what they reveal about the social meaning of suicidal deaths, rather than treating them as explanations in themselves. It analyses the extent to which aetiological assumptions about the nature and causes of suicide were critical in shaping the verdicts of coroners and coronial juries. It further examines whether coroners and juries utilised the inquest as a vehicle for applying stigma or social sanction to suicide, or whether they tended to provide morally neutral assessments based

upon the available evidence. In order to understand how Tasmanian understandings of suicide differed from those elsewhere, the chapter also compares the testimonies of established and recently arrived Tasmanians.

Chapter 4 analyses representations of suicide in the Tasmanian press. Newspapers published extensive reports on attempted suicide and suicidal deaths, provided a forum for the discussion of suicide, and gave a voice to the suicidal by republishing final letters. The chapter uses these reports to gather information about attitudes to suicide, much as Chapter 3 did with inquest testimonies. The chapter also considers how the very nature of most newspaper coverage—that is, their employment of the conventions and assumptions of literary realism and epistemological empiricism—might have reflected and contributed to the adoption of morally neutral viewpoints in Tasmanian attitudes to suicide.

Following this is an analysis of the changing nature of psychiatric care in Tasmania. The chapter utilises admission files from the New Norfolk Hospital for the Insane to uncover what sorts of behaviours and circumstances might lead a suicidal individual to be admitted to such an institution, and draws upon patient case files and inquest records to determine what types of treatments were provided at different points in time. It contributes to the growing historical literature that focuses on the role of families in the provision of care, and discusses the way in which Tasmania's economy, society, and understandings of mental illnesses influenced the quality and availability of treatment. The chapter also discusses the development of international psychiatry and compares the techniques found there to the form, purpose and availability of treatment in

Tasmania. This enables the chapter to answer questions about the way in which local circumstances might have limited or facilitated the adoption of new psychiatric practices.

The final chapter examines the role of religion in shaping attitudes and responses to suicide. It draws upon religious writings, church proclamations, sermons, burial records, funeral reports, and death notices in newspapers. It compares official church views with the actions of religious representatives and their local communities as a means of assessing both the influence of the various Christian churches in shaping attitudes and responses to suicide, as well as the ability of community attitudes and personal sympathies to override or modify official edicts.

The Conclusion responds directly to the key questions of the study. It provides an overall assessment of Tasmanian attitudes to suicide, discusses how they changed over time, and offers suggestions as to why these views came to be adopted over others. It summaries key developments in Tasmania's responses to suicide, and the thinking behind them. The thesis then concludes with an assessment of how all of these factors shaped the lives of suicidal individuals.

Chapter 1: Suicide and the Law

The state of the law had a profound effect on the lives of suicidal Tasmanians and their families. Until 1873 the law permitted the state to apply posthumous sanctions to individuals and their estates, and until 1914 attached reputational consequences to a person's death by declaring they had died in a criminal way. The law, the courts and the police force also combined to shape the prospects of people who had attempted suicide, at various times imposing long custodial sentences and at others actively making arrangements they believed would aid the individual's recovery. Broader social structures related to class and gender also shaped the law's application—particularly policing and sentencing—and influenced the way in which various people were or were not affected by the law. The law, its enforcement, and its reform also provide insight into public attitudes to suicide. While the letter of the law can only give a rough guide to popular opinion, the ways in which reforms occurred reveal a surprising amount about how everyday Tasmanians viewed the relationship between suicide and the criminal justice system. Reports of court hearings reveal the comments, warnings, and reasoning of magistrates, and patterns in policing inform us about the police behaviours that were expected and accepted by the public. Juries determined inquest verdicts until 1910, after which coroners sat alone, and the verdicts of each group can tell us something about their view of the justice or otherwise of the law. Commentary in the letters pages of Tasmanian newspapers was steady, if hardly abundant, and likewise show how a section of the public felt about Tasmania's approach to regulating suicide. This chapter will examine each of these aspects of the legal treatment of suicide, and in doing so will seek to

explain why the law took the form it did, why it changed, what the public thought about it, and how it affected suicidal individuals. The chapter will then conclude by connecting this analysis to the broader arguments of the thesis about the changing ways in which Tasmanian society thought about and tried to respond to suicide.

The law in 1868: prohibition and punishment

The Tasmanian Parliament first passed legislation relating to suicidal deaths on 31 October 1873. Prior to this British common law prevailed, which permitted the state to confiscate the property and goods of an individual found *felo de se* (that is, had died from suicide, and were not found to have been insane at the time of their death).¹ In the same circumstances, common law also allowed a coroner to order that an individual be buried at night and without Christian funeral rites being read over their body.² This was then the case in each of the other Australian colonies except for New South Wales, which had passed legislation in 1862 preventing such post-mortem punishments.³

There is no evidence that forfeiture laws were ever enforced in Tasmania. In May 1873, for example, newspapers reported that the family of Joseph C. were 'provided for'.⁴ This would certainly not have been the case had his property and possessions been seized. There are also no inquest files in which the property of an individual found to have died from suicide is tallied or valued, a necessary step for forfeiture. Such a finding coheres with historical studies of other

¹ Jan Neeleman, 'Suicide as a Crime in the UK: Legal History, International Comparisons and Present Implications', *Acta Psychiatrica Scandinavica*, 94 (1996), pp. 252-3. See also Coroner's Office Regulation Act 1873 (Tas) 1873, s. 16.

² *Ibid.*

³ Law of Felo-de-se Amendment Act 1862 (NSW), s. 1.

⁴ *Cornwall Chronicle*, 2 May 1873, p. 3; *Tasmanian*, 3 May 1873, p. 11.

Australian colonies and Britain. Simon Cooke has found that property confiscations were never enforced in Victoria, while MacDonald and Murphy argue that forfeiture laws had fallen into disuse in Britain by the middle of the eighteenth century.⁵

The extent of interference with burial rites is a little less clear.⁶ Of the four individuals who received verdicts of *felo de se* between 1868 and the legislative changes of 1873, at least one had a regular funeral. Her service was advertised in the *Mercury*, and a report of her death mentioned the difficulty that was caused when the coroner accidentally forgot to sign the burial certificate, which was otherwise, and subsequently, issued as usual.⁷ Before 1868, it also appears that prescribed penalties were sometimes not enforced. An article in the *Tasmanian* at the time the law was changed refers to a case in the early 1860s in which the authorities 'declined to carry out the... law'.⁸

In other cases, however, there is evidence that burial rites might have been restricted following verdicts of *felo de se*. At the inquest of Henry T. in 1853, the coroner, after explaining the meaning of the *felo de se* verdict to the jury, 'begged of them to give the matter a calm and deliberate consideration, as the recordal of such a verdict would deprive him of the right to a Christian burial'.⁹ The jury brought in the verdict regardless, and it would be surprising if the coroner then declined to enforce the law.

⁵ Simon Cooke, 'Secret Sorrows: A Social History of Suicide in Victoria, 1841-1921' (Unpublished PhD thesis, University of Melbourne, 1998), pp. 85-7; Michael MacDonald and Murphy, *Sleepless Souls: Suicide in Early Modern England* (Oxford, 1990), pp. 114-24.

⁶ Tasmanian burial records only exist from 1900. For a discussion of the origins and meaning of night burial, see Cooke, 'Secret Sorrows', pp. 87-96.

⁷ *Mercury*, 8 April 1868, p. 1.

⁸ *Tasmanian*, 12 July 1873, p. 9.

⁹ *Cornwall Chronicle*, 12 November 1853, p. 3.

It is also possible that burial rites were restricted during the period under investigation in this study. John W., who died in 1871, did not have his funeral advertised in any newspaper. This is probably unsurprising as he had arrived in Tasmania as a convict, worked as a labourer until his death, and appeared to be single and without children.¹⁰ In normal circumstances he would have been likely to have received a public burial. However, the same coroner who presided over his inquest, the overzealous Thomas Mason, sparked a minor controversy when in 1875 he issued a burial certificate for another case of suicide that ordered the burial to take place between 9pm and midnight.¹¹ Though he recalled the order after being made aware of his error, the fact it was issued in the first place suggests he believed this to be his duty following a verdict of *felo de se*. It is quite possible, therefore, that Coroner Mason made a similar order for John W.'s burial in 1871. Simon Cooke's finding that while 'night burial of suicides was certainly carried out in Australia... [the] number of such burials was probably small' seems likely to resemble the experience in Tasmania.

De-penalisation

In 1873 the Coroners Act was amended to prohibit the imposition of such penalties. Specifically, the new Act stated that

Upon the finding by any Coroner's jury of a verdict of *felo de se* against any person, it shall not be lawful for the Coroner, or any other person whomsoever, to forbid the rites of Christian burial at the interment of such person, nor shall any forfeiture or escheat to

¹⁰ Registers of Hobart Deaths and Launceston and Country Districts Deaths, RGD35/1/40 (no. 1598), Tasmanian Archive and Heritage Office (hereafter TAHO).

¹¹ *Mercury*, 11 August 1875, p. 2.

the Crown of any real or personal property belonging to such person take place by reason of such verdict, any law, statute, or custom to the contrary notwithstanding.¹²

In passing the legislation, Tasmania was quite consciously following the lead of New South Wales, Britain and South Australia, jurisdictions that had made nearly identical changes in 1862, 1870 and 1871, respectively.¹³ The *Mercury* reported with satisfaction in 1873 that similar legislation existed in New South Wales, while the legislation itself noted the precedents in the other jurisdictions.¹⁴ Other Australian colonies, too, were moving gradually in the same direction. The legislation was replicated in Victoria in 1896, and Western Australia in 1920.¹⁵ Changes in suicide law would come to Tasmania sooner or later.

There were two main arguments advanced in favour of reforming the Coroners Act. The first related to the perceived injustice of the legislation: monetary or moralistic penalties achieved little except 'inflicting further sorrow on the relatives and friends'.¹⁶ Arguments of this sort were connected to the increasingly secular way in which western societies understood suicide.¹⁷ In a time when suicide was no longer thought to be the work of the devil, but the product of mental ill health or other personal circumstances, it was both futile and cruel to try to impose deterrents.

¹² *Coroners Act* (Tas) 1873, s. 16.

¹³ *Law of Felo-de-se Amendment Act* (NSW) 1862, s. 1; *An Act to Amend the Law Relating to Verdicts of Felo-de-se* (SA) 1871, s. 1; Neeleman, 'Suicide as a Crime in the UK', pp. 252-3.

¹⁴ *Mercury*, 27 September 1873, p. 2.

¹⁵ *Coroners Act* (Vic) 1896, s. 2; *Coroners Act* (WA) 1920, s. 21.

¹⁶ *Mercury*, 27 September 1873, p. 2.

¹⁷ This will be discussed in detail in later chapters, and in particular Chapter 3. For the secularisation of suicide more generally, see Michael MacDonald and Terence R. Murphy, *Sleepless Souls: Suicide in Early Modern England* (Oxford, 1990); Michael MacDonald 'The Secularization of Suicide in England 1660-1800', *Past & Present*, 111 (1980), pp. 50-100; Michael Macdonald, 'The Medicalization of Suicide in England: Laymen, Physicians, and Cultural Change, 1500-1870', *The Millbank Quarterly*, 67 (1989), pp. 69-91.

Furthermore, punishments related to burial rites had developed from the much harsher and more violent rituals of previous centuries, in which individuals could be buried at a crossroads or under a highway with a stake driven through their body.¹⁸ Though this practice had declined well before its abolition in Britain in 1823, it nevertheless maintained a place in the collective memory, and featured in discussions about the then-current state of the law.¹⁹ In 1868, the *Mercury* reported a case in South Australia in which a night burial was ordered by the coroner. Quoting the local paper, the *Mercury* stated that

The barbarous practice which used to be adopted in cases of *felo de se*, of driving a stake through the dead body and of burying it at the cross roads, has fortunately been abandoned, and it would be well also if coroners would discontinue issuing their mandates as to the time of burial.²⁰

During debate over reforming the Coroners Act in 1872, the *Mercury* outlined starkly to readers the cruelty it believed was contained in the state of the law.

It is positively sickening to be reminded that such a law still exists, and the sooner it is repealed the better...the present law of suicide is a disgrace to a civilized community, and the very fact that it would never be permitted to be carried into force in all its severity, is an additional reason why it should be done away with and some more humane and sensible law framed in its stead.²¹

Interfering with burial rites, in any form, was seen by many as a relic of a past and less humane era.

The second argument in favour of the legislation was more practical, and possibly for this reason was the one most emphasised by the Attorney-General

¹⁸ MacDonald and Murphy, *Sleepless Souls*, pp. 44-9.

¹⁹ *Felo de se* Act 1823 (UK), s. 52.

²⁰ *Mercury*, 7 January 1868, p. 3.

²¹ *Mercury*, 6 November 1872, p. 2.

and law reformer William Giblin. He told Parliament the existing laws caused a 'kind of mild perjury on the part of ninety-nine jurors out of one hundred', who would 'almost invariably bring in verdicts of "suicide while in a state of temporary insanity"' as a way of shielding surviving relatives from legal consequences.²²

The belief that almost every juror across Tasmania was deliberately returning false verdicts out of sympathy for the surviving family was widely held, or at least quite well publicised.²³ The evidence for such a belief, however, is flimsy at best. Of the thirty-six cases of suicide between 1868 and 1873, four—one in nine—were not afforded the protection of an insanity finding.²⁴ Given the connection between mental ill health and suicide, this is hardly a figure that suggests the sort of widespread defiance alluded to by Giblin and many others. That said, and while keeping in mind the small sample size, this ratio is less than half of that for the period from 31 October 1873 to the end of 1909, which was almost exactly one in four.²⁵ It is therefore possible the form of the law did exert some pressure on juries to return insanity verdicts.

In the year following the new legislation, only one of the six inquests returned a verdict of *felo de se*, which in turn suggests the reforms did not immediately or sufficiently liberate jurors and enable them to do away with supposedly untrue insanity findings. In 1875 the situation reversed, and five of the six inquests

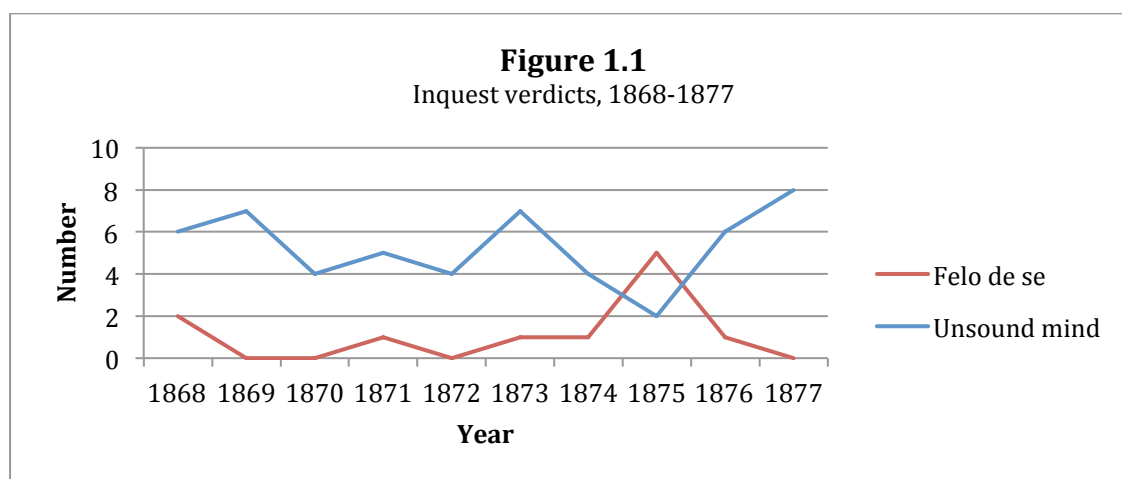
²² *Mercury*, 27 September 1873, p. 2; *Weekly Examiner*, 4 October 1873, p. 8.

²³ See, for example, *Tasmanian Tribune*, 4 October 1873, p. 2; *Weekly Examiner*, 4 October 1873, p. 8.

²⁴ Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/52 (no. 6459), TAHO; Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/52 (no. 6386), TAHO; Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/54 (no. 6961), TAHO; Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/55 (no. 7172), TAHO.

²⁵ From 1910 coroners were no longer required to empanel a jury. See *Coroners Act* (Tas) 1909, s. 3.

produced findings of *felo de se*. The next year saw a reversion to the regular pattern, with six out of the seven cases of suicide being determined to have occurred whilst the deceased was 'of unsound mind'. If there was some immediate effect of the legislation, it was delayed by a year, and did not last beyond this time.



Source: Inquest Files, AGD20, TAHO; Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195, TAHO.

If Giblin's intention in emphasising the practical element of the legislation was to reduce the possibility of conservative opposition to the bill, then his strategy was successful. *Church News* discussed the bill solely in these terms, and endorsed the fact the legislation, by prohibiting the state from interfering in burial practices, would actually codify the power of the churches to perform burials according to their conscience.²⁶ I have also been unable to find a single letter to a newspaper editor arguing against the changes, nor any other type of published opinion. The bill unanimously passed the House of Assembly.

²⁶ Published in *Tasmanian Tribune*, 4 October 1873, p. 2.

The effects of de-penalisation

Despite the changes of 1873, suicide remained a crime until 1914, albeit only nominally in the sense that it carried no legal penalties. This anomalous arrangement enabled the state to continue to register its moral disapproval of the act, a feature of the legislation described by Giblin in 1876 as something ‘we must insist upon’.²⁷

However, maintaining the ‘sermon of the law’, as Olive Anderson aptly termed it, continued to arouse opposition.²⁸ The reason for this was that the enduring criminality of suicidal death was inconsistent with the purposes of the 1873 amendments. By leaving open the possibility that families would be forced to convey loved ones ‘to the grave in disgrace’, the law still did not completely reflect the view that suicide was most often a response to mental ill health or other circumstances, and therefore that deterrence was worthless.²⁹ It also ran counter to the principle that not punishing surviving relatives was important, did not prevent religious ministers from refusing to conduct regular burial ceremonies, and therefore did not alleviate the concern that juries should not have an incentive to bring in false verdicts. Indeed, arguing exactly these points, in 1876 independent MHA and businessman David Murray raised a successful motion in the House of Assembly that called on the Attorney-General to complete the decriminalisation of suicide. He stated that the law as it then stood ‘branded the man who killed himself, no matter what else might or might not be the

²⁷ *Tasmanian*, 23 December 1876, p. 6.

²⁸ Anderson, *Suicide in Victorian and Edwardian England*, pp. 263-311.

²⁹ *Launceston Examiner*, 20 December 1859, p. 3.

consequences, as a felon', and that this was a 'very barbarous relic of feudal times'.³⁰

Another important consideration for juries was the effect their verdict would have on the payment of life insurance policies. Insurers commonly included a clause in their contracts that voided payment in the event the suicide was both wilful and occurred within a specified time period from the commencement of the policy.³¹ Though each company was different, a period of one to three years was standard; some insurers had no such clauses.³² It is difficult to say how frequently payments were withheld, as it is not mentioned in the returns of life insurance companies. Cases where this occurred were only reported in newspapers when they were challenged in higher courts, and this does not appear to have happened in Tasmania.³³

Nonetheless, it was certainly known in the community that a wilful suicide verdict could have implications for insurance payments, as it was a topic canvassed widely in the newspapers. The Victorian case of *Ballantyne vs. The Mutual Life Assurance Society of New York* received particularly notable coverage. Knowledge of its result—that the Society was liable to honour the policy as the victim was declared to have been of unsound mind at the time of his

³⁰ *Mercury*, 29 September 1876, p. 3. Murray also took his arguments to the newspapers. Later that year, he had letters published in the *Cornwall Chronicle* and the *Tasmanian* arguing for change. See *Cornwall Chronicle*, 20 December 1876, p. 3; *Tasmanian*, 23 December 1876, p. 5.

³¹ *Tasmanian News*, 1 May 1906, p. 3.

³² *Ibid.*; *Launceston Examiner*, 4 June 1891, p. 2. In 1910 the Federal Government conducted a Royal Commission into life assurance companies, and found that thirteen months should be the maximum no-pay period allowable. This figure was probably guided by an industry average rather than any matter of principle. *Daily Telegraph*, 22 April 1910, p. 5.

³³ See, for example, *Launceston Examiner*, 4 June 1891, p. 2. We do know life insurance companies expended considerable effort trying to determine likely suicide rates of policy holders. See A. E. Bennett, 'Suggestions for Suicide Prevention', in Edwin Shneidman and Norman Farberow (eds.), *Clues to Suicide* (New York, 1957), p. 192.

death—may have reinforced any tendency among jurors to include a certification of insanity with their findings.³⁴

The matter also found its way into the letters sections of Tasmanian newspapers. One reader, after ‘an argument’ with a friend, wrote to the editor of the *Mercury* to seek clarification as to whether his policy would be invalidated by suicide despite the terms of the contract making no mention of such a clause.³⁵ That the letter was sent to a newspaper, as opposed to the insurance company itself, suggests that both the letter-writer and the editor who published and responded to the enquiry saw ‘suicide clauses’ as a matter of public interest. In turn this suggests there was a belief in Tasmania that suicide was something that could potentially affect anyone, because it was caused by circumstances beyond an individual’s control.

Reports of the inquest on Charles L.’s death also provide some evidence that, in the right circumstances, concerns about life insurance payments may have influenced jurors and their verdicts. Charles L. died from a gunshot wound to the head.³⁶ Dr Murphy, providing the medical evidence, testified that, ‘from the position of the body and the gun’, as well as the fact ‘the hair was singed’, he concluded ‘the deceased committed suicide’.³⁷ In response to a question from a juror, he said he ‘did not think that the trigger could have accidentally caught in the latch of the door’, as ‘the muzzle must have been very close to the head’ and

³⁴ *Launceston Examiner*, 4 June 1891, p. 2; *Tasmanian News*, 30 December 1891, p. 2; *Daily Telegraph*, 24 July 1891, p. 2; *Launceston Examiner*, 31 March 1891, p. 3. See also Federal Court of Victoria, *Ballantyne vs The Mutual Life Insurance Company of New York*, 17 VLR 520, 9 December 1891.

³⁵ *Mercury*, 24 April 1906, p. 6.

³⁶ *Daily Telegraph*, 25 August 1896, p. 3; *Launceston Examiner*, 25 August 1896, p. 5.

³⁷ *Ibid.*

‘there was a mark on the ground where the butt of the gun had been’.³⁸ However, as both the *Daily Telegraph* and the *Launceston Examiner* noted, Onslow Gordon Douglas, a prominent lawyer, ‘watched the proceedings on behalf of the Standard Life Assurance Company’.³⁹ It is possible Douglas’s presence was the reason the jury, despite the evidence presented, brought in a verdict of ‘accidental death’.

A final reason concerns about life insurance payouts might have affected jury verdicts relates to the cultural connotations that life insurance carried in the late-nineteenth and early-twentieth centuries. As F. M. L. Thompson explains of Victorian Britain, life insurance signified ‘resolve, regular habits, and social motivation’, and ensured a person’s ‘self-respect would not be mocked in death’ through reliance on a pauper burial.⁴⁰ In other words, to possess a life insurance policy was to be considered ‘respectable’. Thompson estimates that between the 1870s and 1915 somewhere between eighty to ninety per cent of the adult male population held some form of cover.⁴¹ To deprive an individual of the benefits of their hard-earned respectability, regardless of how they had died, represented an injustice far greater than simply withholding whatever money was owed to their families.

Decriminalisation of suicidal death

Changes to the Coroners Act, passed in the previous year, came into effect on New Year’s Day 1914. These abolished the verdict of *felo de se*, meaning that inquest returns stating an individual had died from suicide were now factual

³⁸ *Ibid.*

³⁹ *Ibid.*

⁴⁰ F. M. L. Thompson, *The Rise of Respectable Society: A Social History of Victorian Britain 1830-1900* (London, 1988), pp. 200-3.

⁴¹ *Ibid.*, p. 202.

statements rather than a finding that a criminal act had been committed.⁴² This brought Tasmania in line with New South Wales, which had decriminalised suicidal death in 1876, and preceded similar moves in Western Australia in 1920, South Australia in 1935, Queensland in 1958 and Britain in 1961.⁴³ It is unclear whether Victoria ever officially abolished the *felo de se* verdict, or whether it simply fell into disuse.⁴⁴

Interestingly, there was almost no public debate, or even comment, either before or after decriminalisation was secured. The change moved through Parliament with only a fleeting mention from the Attorney-General Albert Edgar Solomon and received commensurate coverage in the newspapers.⁴⁵ Given the high level of public interest in suicide generally, the fact there was no debate requires explanation. One possible reason is simply that decriminalisation of a de-penalised offence had few practical consequences. This is especially so as concerns about burial rites and life assurance continued undiminished, because they depended not on criminality as such but on a judgement as to the deceased's sanity. More important, perhaps, was the fact this debate had already taken place. In a handful of cases, the public had expressed their opinion at inquests by refusing to return verdicts that were true to the facts.⁴⁶ In newspapers across the state they had unambiguously recorded their desire that the law should inflict no harm on surviving families, and that moral censure and

⁴² Coroners Act 1913 (Tas), s. 25.

⁴³ Verdicts of *felo de se* Abolition Act 1876 (NSW), s. 1; Coroners Act 1920 (WA), s. 21; Coroners Act 1935 (SA), s. 23; Coroners Act 1958 (Qld), s. 46.

⁴⁴ I have been unable to find any legislation that proves it was abolished, and nothing is mentioned in Simon Cooke's study of suicide in Victoria.

⁴⁵ *Examiner*, 31 October 1913, p. 3; *Votes and Proceedings of the Legislative Council*, 1913, pp. 30, 37; *Journal of the House of Assembly*, 1913, pp. 140-1.

⁴⁶ See, for example, *Mercury*, 17 March 1906, p. 5. This particular case will be discussed in more detail in Chapter 4.

deterrence strategies should be replaced with a more caring approach. In short, the issue had become uncontroversial many years before the law managed to catch up. There was accordingly little more that needed to be said on the subject.

Attempted suicide

For the duration of the period 1868-1943, it was a crime in Tasmania to attempt suicide. This was true of each of the other Australian colonies/States, Britain, and New Zealand. Until 1924 the illegality of attempted suicide in Tasmania stemmed from British law, under which attempted suicide was classified as an attempted felony. It was therefore treated by the legal system in the same way as misdemeanour offences, meaning that cases were almost invariably dealt with in the lower courts.⁴⁷ The introduction of the Criminal Code in 1924 formally codified attempted suicide as a crime and brought Tasmania into line with New Zealand, Queensland, New South Wales and Western Australia, which had passed similar legislation in 1893, 1899, 1900 and 1902 respectively. South Australia and Victoria consolidated much of their criminal law in acts passed in 1935 and 1958.⁴⁸ While the introduction of the Criminal Code in Tasmania resulted in more cases being tried at the Criminal Court, at least in Hobart, the Criminal Code itself did not change either the illegality or legal consequences of attempted suicide.

⁴⁷ Regarding the legal treatment of misdemeanours, see Rules and Regulations for the Government and Guidance of the Police Force of Tasmania, POL776/1/1, TAHO, p. 34. A handful of cases during the period were heard in the Supreme Court. This was because the individual was concurrently tried for more serious offences. See, for example, *Advocate*, 14 June 1928, p. 3; 'Statistics of Tasmania for 1904', *Tasmanian Journals and Papers of Parliament* (hereafter *TJPP*), vol. LIII, no. 49 (1905), p. 385.

⁴⁸ Criminal Code Act 1924 (Tas), s. 164. Despite some concerns, the decriminalisation of death by suicide in 1914 did not affect the operation of this law, despite the strange scenario it created whereby one could be charged with attempting to do something that was not illegal.

The historical record for attempted suicide is incomplete. For the years 1877-1922, the Tasmanian Journals and Papers of Parliament record the number of individuals who were charged by police with attempted suicide, as well as the number of these who were convicted in court. The *Australian Yearbook* for the years 1938, 1939 and 1941 did likewise. This means, for the period 1868-1876, and most of the two decades from 1923, the official statistical records must be supplemented with information gleaned from Tasmanian newspapers.

Fortunately, for historical purposes, attempted suicides were newsworthy events throughout the period. Locally sourced reports of events, as well as court proceedings, were widely covered in the press, and a comparison of these reports with the official statistics shows that in the 1920s and 1930s very few cases that ended in a prosecution escaped the attention of the media. Coverage of cases in the 1860s and 1870s are less thorough. Though no doubt a number of suicide attempts did not arouse either the attention of either the police or the press, the newspaper record does have the advantage of including many cases that did not end up forming part of the official record. Newspaper reports also reveal important information about the various sentences that individuals received, the personal circumstances of the people concerned, why some people and not others were prosecuted or convicted, the reasoning of magistrates, and the actions of police officers. All this information is critical when trying to understand how Tasmanian society understood and sought to prevent or manage attempted suicide at various points in time.

Figure 1.2

Charges and convictions for attempted suicide

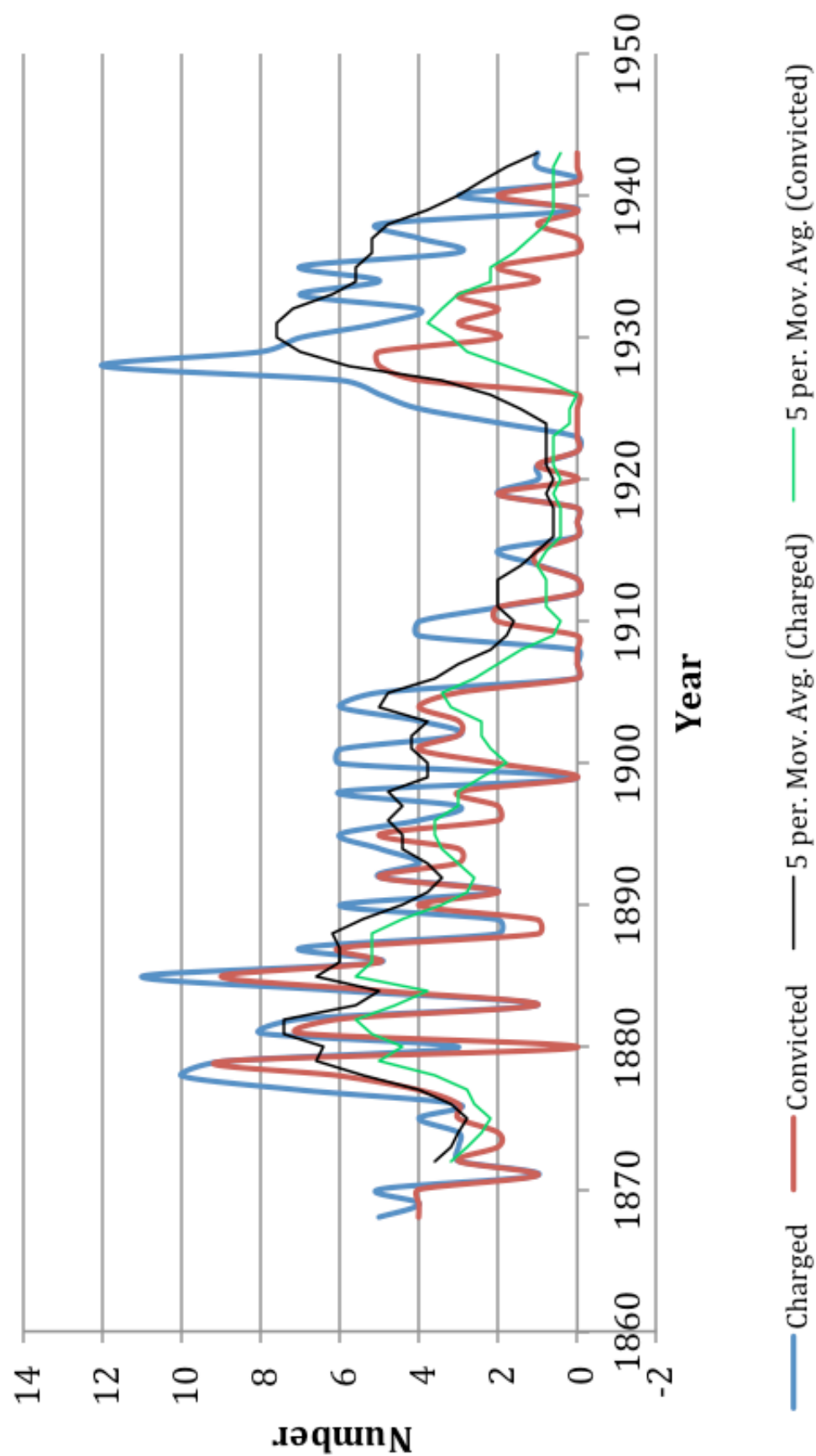


Figure 1.2 plots both the number of people charged with attempted suicide and the number who had convictions recorded against them.⁴⁹ Five-year moving averages are also included to show the trend and address the problem of small numbers when studying a relatively small population such as in Tasmania. In total, I have found evidence of 286 people charged with attempted suicide between 1868 and 1943, and of these, 173, or about sixty per cent, received convictions.

The first trend that appears in the graph is the apparent rise in charges and convictions up to around 1880. As mentioned above, this is almost certainly due to the unavailability of accurate evidence, rather than any campaign on the part of the police or the courts. From around 1880 there was a steady decline in both prosecutions and convictions, to the point where both averaged only about one per year from around 1906. In the late-1920s there was a large spike in prosecutions, and to a lesser extent in convictions, before both soon returned to the levels of the 1910s. The 1920s also witnessed a growing divergence between the number of people charged with attempted suicide and the number of those who were convicted. In previous years, these figures had generally moved in parallel, with convictions tracking only slightly below charges. What follows will explore the reasons for the four latter trends, and analyse what they can tell us about Tasmania's changing approach to suicide.

Management of attempted suicide from 1868

Tasmania did not have a particularly clear system for managing suicidal behaviour in the nineteenth century. Police were frequently involved, though by

⁴⁹ Figure 1.2 is based on the Statistics of Tasmania for the years 1877-1922, and supplemented with newspaper reports.

no means in every case. Three-quarters of all suicide attempts in which police brought charges would result in convictions, for which by far the most common punishment was a gaol sentence. This could generally be suspended for a period of good behaviour following the provision of a financial surety. The exact amounts demanded varied significantly, as did the periods of good behaviour required, and neither seemed to follow any obvious logic. Some sureties were set as high as £100, while others were as low as £3, and good behaviour periods generally ranged from three to twelve months.⁵⁰ Of course, a significant number of those who attempted suicide were unable to provide the large financial guarantees magistrates demanded, and spent long periods in jail.⁵¹ In practice, the law was significantly harsher for people with less money.

Other alternatives did exist, in certain circumstances. A handful of individuals who were diagnosed as psychotic were charged instead with 'being a person of unsound mind', and were subsequently ordered to the psychiatric hospital at New Norfolk.⁵² A small number of others were allowed to recover in the General Hospital, if this was deemed in their best interests.⁵³ Again, however, this possibility was applied inconsistently. Frank S., who gave a 'long rambling defence' in court, was described by the *Mercury* as 'very irregular' and by the *Tasmanian* as having 'his proper quarters in the New Norfolk Lunatic Asylum'.⁵⁴ He was nevertheless sent to prison for six months, being unable to find the sureties required by the court.⁵⁵ As the *Tasmanian* also reported, however, his

⁵⁰ *Tasmanian Times*, 28 March 1870, p. 2; *Launceston Examiner*, 3 February 1882, p. 2. Very roughly, £100 in 1880 is equivalent to around \$20 000 in today's terms.

⁵¹ *Launceston Examiner*, 9 June 1882, p. 3.

⁵² *Mercury*, 3 January 1887, p. 3.

⁵³ *Launceston Examiner*, 5 May 1881, p. 2.

⁵⁴ *Tasmanian*, 19 January 1878, p. 10; *Mercury*, 11 January 1878, p. 2.

⁵⁵ *Tasmanian Evening Herald*, 12 January 1878, p. 2.

sentence may have been due to the inability of hospital staff to control his behaviour:

While at the hospital, the man caused considerable trouble and annoyance, and it has been pointed out to us as being scarcely fair to send him to the hospital, where they have neither room nor assistants to spare, while there is much more safety and convenience at the gaol, and a competent medical gentleman attached to that institution.⁵⁶

It is not necessarily the case, therefore, that imprisoning people for attempted suicide reflected society's moral outrage at the crime. As will be explored more fully in Chapter 5, psychiatric care in Tasmania did not develop significantly until at least the 1920s. This meant that for people believed to be at high risk of suicide, incarceration was potentially the safest option, albeit among a number of undesirable alternatives.

A number of people certainly concurred with this assessment. The family of one young man, Henry W., 'purposely' withheld the sureties he required, so that he would spend enough time in prison to cure his alcohol addiction.⁵⁷ Alexander S. stated that he 'wanted more control to be placed on him than he had at present', and asked that he be imprisoned for six months.⁵⁸ The *Mercury* was apoplectic when in 1875 John L. died from suicide, despite having been discharged from the hospital following a suicide attempt only a few days earlier. The newspaper raged at

the outrageous conduct and language of Mr. Superintendent Propsting at the inquest... It seems, according to his statement, that no report had been made to the police on Sunday of the attempt at suicide. If so, the more shame to the police. It was their duty to know

⁵⁶ *Tasmanian*, 19 January 1878, p. 10.

⁵⁷ *Launceston Examiner*, 3 February 1882, p. 2.

⁵⁸ *Tasmanian Times*, 29 September 1868, p. 2.

what was public talk, and if they do not act till a report is made, then they should have a better organisation for obtaining reports. The attempt on the man's life was reported at this office on Sunday, and an account of it appeared in *The Mercury* of Monday, and the police, if they did not know the fact before, must have known it then.⁵⁹

In the view of the *Mercury* at least, the police had a responsibility to ensure the safety of suicidal Tasmanians. Policemen should know what was occurring in the community so they could intervene to prevent people from harming themselves. The means by which they could make such interventions was by enforcing the law.

But, adds Mr. Propsting, 'I do not think Detective Simpson was to blame in allowing the deceased to go home.' We are sorry that Mr. Propsting's sense of right has become so blunted. We do not believe that there is another person of mature years who will indorse the Superintendent's extraordinary defence of his officer...Is an attempt on one's life an offence? If it be, and the Superintendent knew [John L.] had committed it, why did the Superintendent take no action? Mr. Propsting would have acted the wiser part had he, instead of defending what was indefensible, admitted that a grave error had been made, and expressed regret at the consequences.⁶⁰

Finally, the *Mercury* also argued that decisions about the need to detain suicidal individuals were ultimately the purview of medical professionals, rather than police. The newspaper left no doubt how it felt:

The Surgeon-Superintendent of the Hospital, and the Coroner, frankly admitted that the poor fellow was not in a condition to be removed from the Hospital, except under great precautions as to maintaining a surveillance over his conduct. Detective Simpson

⁵⁹ *Mercury*, 16 December 1875, p. 2.

⁶⁰ *Ibid.*

laboured under no such qualms, but rashly and unwarrantably took it upon him to undertake the responsibility of allowing the man to get his liberty.⁶¹

Thus, the police and the justice system had—and were expected by large numbers of the public to have had—a central role in the management of attempted suicide. Though it might seem strange to modern ears, the criminalisation of attempted suicide was the means by which police could help to prevent suicide. In the absence of well-funded social services or adequate psychiatric facilities, detention by police enabled individuals to be connected to medical professionals, who were then better able than police to determine what should subsequently be done. As the above evidence demonstrates, police were excoriated when it was believed they had failed in this duty. Punishments for attempted suicide had originated alongside the punishments and rituals associated with the horror that was once attached to suicidal death. As suicide came to be seen in a more morally-neutral light—as it had by 1868—the role of police had also shifted from enforcing a moral standard to largely being responsible for the safety of vulnerable Tasmanians. The practical consequences of this shift for those who had attempted suicide were not immediately apparent, as medical interventions were limited and incarceration remained the common response, but prioritising the safety of suicidal individuals was a necessary precursor to future developments.

The decline in punishment from 1880 to the 1920s

There was a significant downward trend in prosecutions and convictions that began in the 1880s. This continued to the point where from 1906 to the early 1920s prosecutions averaged only one per year, and the rate of convictions was

⁶¹ *Ibid.*

about half this number. Ten of these years saw no prosecutions whatsoever. The decline was entirely due to the practices of the police and the courts, and not because fewer people were attempting suicide: the number of cases reported in the newspapers remained relatively constant.⁶² Sentences for convictions also became less severe as the period progressed. Abandoning punishment was a continuation of the process whereby Tasmania moved away from an approach that treated attempted suicide as a moral and criminal issue, and towards one that saw the problem as medical and requiring care for the individual concerned.

Reducing the extent to which the law was invoked in cases of attempted suicide did not mean a simple transition to a more caring approach, however. Early attempts at replacing punitive deterrents with support were fleeting and unsystematic. In part this was due to the complexity of suicidal behaviours, which defy simple or universal remedies. Psychiatric care also did not begin to make significant breakthroughs until the 1920s at the earliest, and on the whole did not improve significantly in terms of treatment options until the 1930s.⁶³ In turn, and coupled with the ongoing illegality of suicide, this meant that an informal decriminalisation—that is, one driven by the actions of police and the courts rather than the law—required considerable use of police discretion. This too was not without its own issues.

Policing, both in Tasmania and around the world, was undergoing significant change in the late-nineteenth century. The United States—which like Tasmania

⁶² In 1906, for example, the following cases never resulted in charges: *North Western Advocate and the Emu Bay Times*, 1 December 1906, p. 4; *Mercury*, 15 February 1906, p. 5; *Mercury*, 17 April 1906, p. 4; *Daily Telegraph*, 21 June 1906, p. 5; *North Western Advocate and the Emu Bay Times*, 22 June 1906, p. 2; *Daily Telegraph*, 29 November 1906, p. 5; *Daily Telegraph*, 30 January 1906, p. 5. Many of these reports indicated that police were well aware that a suicide attempt had taken place.

⁶³ See Chapter 5.

until 1899, and unlike Britain and the other Australasian colonies, had a decentralised police system—was embarking upon what historian Samuel Walker has described as an ‘intellectual revolution’ in which police were increasingly focussed on what today would be called rehabilitation.⁶⁴ Walker demonstrates the prominence, from around 1900, of the idea that police should try to ‘save’ actual and potential offenders, and notes how a significant part of this work involved the application of discretion in cases where an arrest might not assist the police in the goal of preventing future offending. It was in this context that Tasmania passed the First Offenders Probation Act (1898), which sought to reduce recidivism by sparing first offenders a custodial sentence. Similar legislation had been enacted in Massachusetts in 1878 and 1880, before moving to Tasmania via New Zealand, New South Wales and Queensland in the 1890s.⁶⁵ Such laws might usefully be considered part of the reforms of the Progressive Era, which will be discussed in more detail in the following chapter.

The best example of changing police and judicial practices in cases of attempted suicide is the life of Maud P., a woman who was in constant interaction with the criminal justice system, and whose story warrants being recounted and analysed at some length. In October 1881, at age nineteen, she made her first attempt to take her life by drowning, and was brought before a magistrate who imposed a two-month good behaviour bond, on the condition she guarantee her conduct with a £50 surety, with another £50 to be supplied by two other individuals.⁶⁶

⁶⁴ Samuel Walker, *A Critical History of Police Reform: The Emergence of Professionalism* (Lexington, 1977), p. 81.

⁶⁵ Stephen White, ‘The Pitfalls of Imitation: The New South Wales First Offenders Probation Act of 1894’, *Victoria University Wellington Law Review*, 13, no. 2 (1983), pp. 137-50; Stephen White, ‘Howard Vincent and the Development of Probation in Australia, New Zealand and the United Kingdom’, *Australian Historical Studies*, 18, no. 73 (1979), pp. 598-617.

⁶⁶ *Launceston Examiner*, 8 October 1881, p. 3.

Unemployed, suffering an acute alcohol problem, and unable to find the money, she instead spent the period in prison.⁶⁷ Days after her release and while in police custody on a charge of being drunk and disorderly, she again attempted suicide by hanging. Her good behaviour period was extended to three months and a lower surety totalling £40 was imposed.⁶⁸ The following year she attempted suicide a third time, again by drowning. The magistrate stated that he would 'have to deal more severely with the defendant than on previous occasions, this being her third attempt to kill herself'.⁶⁹ She spent the next year in prison.⁷⁰

In 1884 Maud P. made a fourth attempt on her life, again by drowning. On the way to the police station she attempted to drive the vehicle off the bridge over the Tamar River. She was then locked in a police cell, still in her soaked clothes, where she tore strips from her dress and used them to try to hang herself. After being resuscitated, she became hysterical, banging and kicking at the cell door, doing much damage to her hands and feet in the process. By evening she was brought before a magistrate, still in her wet clothes, and, again being unable to find the large recognisances demanded, was sent to gaol for another year.⁷¹ This pattern continued through to 1888, during which time she made numerous attempts on her life both inside and outside police custody, and spent a combined total of eighteen months in prison.⁷²

⁶⁷ *Launceston Examiner*, 1 April 1890, p. 3.

⁶⁸ *Launceston Examiner*, 14 December 1881, p. 3. It is unclear from available reports whether she was able to find the money—she may well have spent the month in jail.

⁶⁹ *Launceston Examiner*, 9 June 1882, p. 3.

⁷⁰ *Ibid.*

⁷¹ *Daily Telegraph*, 25 September 1884, p. 3.

⁷² *Launceston Examiner*, 1 April 1890, p. 3; *Daily Telegraph*, 1 April 1890, p. 3.

In 1890 Maud made another attempt on her life while in police custody, having been arrested initially on suspicion that she was about to attempt to drown herself.⁷³ However, and contrary to the earlier logic of imposing increasingly harsher sentences for each attempt, she was sent to prison for the relatively short period of one month.⁷⁴ In January 1896, still suffering from alcohol abuse, she cut an artery in her head in another suicide attempt, but on this occasion the police declined to take any action.⁷⁵ In April she again tried to take her life after being arrested for theft.⁷⁶ The police initially laid charges for the suicide attempt, but these were subsequently withdrawn at her court hearing.⁷⁷ After this point Maud was never again charged with attempted suicide, despite appearing in court for other offences over the coming decades.⁷⁸

In all its tragic detail, Maud's story supports the notion that police and magistrates were changing the way they sought to manage suicidal behaviour. It shows that from around 1890 it was increasingly recognised that treating suicide as a criminal issue was not an effective deterrent, and that doing so might exacerbate an individual's suicidal tendencies. This can be seen in the lighter treatment that Maud received from 1890 onwards, and especially so in the January 1896 incident where she was not arrested at all. This particular decision is readily intelligible if her wellbeing was a central concern of police, given the strong evidence incarceration was a key trigger for her suicidal behaviour.

⁷³ *Launceston Examiner*, 1 April 1890, p. 3.

⁷⁴ *Mercury*, 9 April 1890, p. 3; *Launceston Examiner*, 9 April 1890, p. 2.

⁷⁵ *Launceston Examiner*, 17 January 1896, p. 5.

⁷⁶ *Wellington Times and Agricultural and Mining Gazette*, 9 April 1896, p. 2.

⁷⁷ *Launceston Examiner*, 9 May 1896, p. 7.

⁷⁸ See, for example, *North Western Advocate and Emu Bay Times*, 24 February 1905, p. 2; *Mercury*, 23 April 1906, p. 3; *North Western Advocate and Emu Bay Times*, 26 July 1910, p. 3.

Maud's case also illustrates that the provision of public support did not arise as quickly as criminal approaches receded. There is no evidence that any form of support was ever offered to her, beyond the absence of harsh punishment. More broadly, few efforts were made to integrate the legal and medical systems during her troubled years. While society might have been transitioning away from the criminality model, in the nineteenth century it had no clear direction about what the alternative should be.

It was not until the second decade of the twentieth century that the police and magistrates started trying to find support options for people who had attempted suicide, at least with any regularity. In 1915, for example, police found a place for Catherine G. at the Salvation Army House.⁷⁹ In 1918 Justices of the Peace enquired into the circumstances of Patrick C., and having found that he had 'for some time past been very eccentric', determined that he should be sent to Hobart for medical observation.⁸⁰ Even convicted murderer Edward C. was sent to the New Norfolk Hospital for the Insane after his suicide attempt in prison in 1918.⁸¹

An approach that kept one eye on the rehabilitation of those who had attempted suicide depended fundamentally on the ability of the police to exercise discretion. While discretionary policing attracted criticism both in Tasmania and elsewhere, it was really neither a new or unique situation.⁸² Police everywhere, at every time, have had some scope to apply the law as they saw fit.⁸³ Tasmania

⁷⁹ *North Western Advocate and the Emu Bay Times*, 31 March 1915, p. 5.

⁸⁰ *Huon Times*, 26 July 1918, p. 5.

⁸¹ *Examiner*, 8 June 1918, p. 8.

⁸² Walker, *A Critical History of Police Reform*; Stefan Petrow, 'Economy, Efficiency and Impartiality: Police Centralisation in Nineteenth Century Tasmania', *Australian & New Zealand Journal of Criminology*, 31, no. 3 (1998), pp. 242-66.

⁸³ Kenneth Culp Davis, 'Dialogue on Police Rulemaking: Police Rulemaking on Selective Enforcement: A Reply', *University of Pennsylvania Law Review*, 125, no. 6 (1977), pp. 1167-71; Joseph H. Tieger, 'Discretion and Discriminatory Enforcement', *Duke Law Journal*, 1971, no. 4

between 1880 and the 1920s was no different. Both in terms of prioritising police attention and deciding whether or not to prosecute detected offences, discretion allowed for economy, freedom from surveillance for most citizens, and, most importantly for this discussion, common-sense standards of justice to prevail. These considerations were hugely important for residents during the period.⁸⁴

Given that selective enforcement is an unavoidable reality of policing, it is understandable that one of the key discussions about this centres not on whether it is desirable, but on how it should be properly managed.⁸⁵ In this respect, Tasmania offered only vague guidance for officers dealing with cases of attempted suicide. A police handbook from 1906 explains that 'in cases of misdemeanour, even where the Constable is entitled to arrest without a warrant, he should not do so without good reason. He must be guided by the nature of the offence and the character of the parties'.⁸⁶

This appears to give significant scope to officers to not enforce the prohibition of attempted suicide, as their views on 'the nature of the offence' were seen as paramount. If they, like an increasing number of their fellow citizens, saw suicide as a medical rather than criminal issue, then this would have flowed directly, and deliberately, into the way in which they carried out their duties.

(1971), pp. 717-43; Wayne R. LaFave, 'The Police and Nonenforcement of the Law - Part I', *Wisconsin Law Review*, 1962, no. 1 (1962), pp. 104-137.

⁸⁴ Stefan Petrow, 'Creating an Orderly Society: The Hobart Municipal Police 1880-1898', *Labour History*, 75 (1998), pp. 175-194; Stefan Petrow, 'Tolerant Town, Model Force: The Launceston Municipal Police, 1858-1898', *University of Tasmania Law Review*, 16, no. 2 (1997), pp. 235-265.

⁸⁵ See especially Davis, 'Dialogue on Police Rulemaking: Police Rulemaking on Selective Enforcement: A Reply', pp. 1167-71.

⁸⁶ Rules and Regulations for the Government and Guidance of the Police Force of Tasmania, POL776/1/1, TAHO.

The Hobart Superintendent Frederick Pedder, who notably had an extensive legal background, was also setting an example in this direction. As Stefan Petrow has shown, he was noted for enforcing the law

with 'tact and discretion', an approach he expected his men to follow. He seemed to believe that... a caution was often more appropriate than gaining a conviction. Pedder won 'the confidence and respect of everyone' with whom he dealt 'by his gentlemanly bearing, good nature, and kindness on all occasions'.⁸⁷

Short of direct instruction, few examples could have been set that would be more likely to predispose officers to operate in accordance with what they thought would be best for the individual concerned, and to avoid the imposition of punitive approaches that, by this time, many were beginning to see as out-dated and unhelpful. Police officers were not insulated against the intellectual changes in society, and it is clear they were encouraged to apply their own thinking to their work. This directly influenced the way in which the laws prohibiting attempted suicide worked in practice.

Nor would police have been immune to prevailing ideas about how people should live and behave, and for this reason the reference in the police handbook to 'the character of the parties' is equally significant. As historians such as Janet McCalman and F. M. L. Thompson have shown, ideas about 'respectability' were of great importance in Australia and Britain around the turn of the twentieth century.⁸⁸ 'Hard-working, reliable, reasonably sober, and a dependable family man' is Thompson's description of male respectability; McCalman defines the female 'moral guardians' of Richmond by their resolute focus on 'cleanliness,

⁸⁷ Petrow, 'Creating an Orderly Society: The Hobart Municipal Police 1880-1898', p. 180.

⁸⁸ Janet McCalman, *Struggletown: Portrait of an Australian Working Class Community* (Ringwood, 1988); Thompson, *The Rise of Respectable Society*.

sobriety, no 'language', premarital chastity, the hatred of debt, [and] the desperate importance of good character'.⁸⁹ McCalman in particular explains how working-class Australians could, according to such standards, be categorised as either 'respectable' or 'rough', and demonstrates how this formulation was connected to ideas about 'deserving' and 'undeserving' poor.⁹⁰ Tasmania's police would have undoubtedly brought similar ideas to their professional duties and their interactions with suicidal individuals.

The nature of policing in late-nineteenth and early-twentieth century Tasmania also meant that officers were particularly likely to incorporate personal and social judgements such as these into their work. In the first place, they were truly members of their local communities, and the people they were policing were often friends and neighbours. The impact of this would have been particularly felt by police in Tasmania's many small townships.⁹¹ Second, there was a relative shortage of police in Tasmania, and this meant that police would generally patrol and respond to callouts alone.⁹² Third, prior to centralisation in 1898 police across Tasmania were beholden to the confidence of their local communities, who were not afraid to exercise their power. Throughout the 1880s police were reprimanded for infractions such as 'excessive zeal' and 'exceeding duty', and this would have made police very sensitive to the attitudes of the communities they served, and the attitudes of influential people in particular.⁹³ All of these factors, combined with the direct instruction to consider 'the character of the

⁸⁹ Thompson, *The Rise of Respectable Society*, p. 198; McCalman, *Struggletown*, p. 28.

⁹⁰ McCalman, *Struggletown*, esp. pp. 159-60.

⁹¹ *Launceston Examiner*, 4 May 1893, p. 6.

⁹² Daily Record of Crime and Occurrences—West Hobart Station, POL340/1/1, TAHO; Daily Record of Crime and Occurrences—Beaconsfield Station, POL5/1/1-3, TAHO; Daily Record of Crime and Occurrences—New Norfolk Station, POL506/1/2, TAHO.

⁹³ Petrow, 'Creating an Orderly Society', p. 182. See also *Tasmanian News*, 17 February 1898, p. 2.

parties', would have encouraged police to classify people they knew into categories such as 'respectable' or 'rough', or 'unfortunate' or 'bad', in accordance with the shared perceptions of those around them. Because of this, people like Maud P. received very different treatment from the wife of a 'respectable tradesman', who in 1878 was spared a conviction and discharged to the 'responsible care' of her husband.⁹⁴ The incorporation of judgements of 'character' into official police instructions highlights the way police continued to treat issues such as alcoholism, mental illness and criminal behaviour as aggravating factors in cases of attempted suicide. It also shows how selective enforcement could easily become discriminatory enforcement, and sometimes did in Tasmania.

A more in-depth analysis of the twenty-five years between 1890 and 1914 shows how pervasive gendered behavioural expectations were. During this time, there were twenty-seven cases of attempted suicide involving women. Of these, fourteen were married, while thirteen were single, widowed, or living with their parents. Taken as a whole, this ratio is not significantly dissimilar to marriage rates among women in general, which in 1901 was 49.7%.⁹⁵

However, looking more closely, of those fourteen married women only five were not reported by the newspapers as having something unusual about their relationships that would possibly affect judgements about the 'respectability' of their character or assessments of the likelihood that further attempts could be prevented. Two were eighteen or younger and described as experiencing 'domestic trouble', and one of these two had seemingly separated from her

⁹⁴ *Mercury*, 14 January 1878, p. 2.

⁹⁵ *Census of the State of Tasmania 1901* (Hobart, 1903), p. xlii.

husband.⁹⁶ Another woman ‘had, it [was] alleged, some altercation with her husband, ending in her attempting suicide’—a sentence phrased in such a way that what was ‘alleged’ appears to be as much about the altercation as the suicide attempt.⁹⁷ Likewise, another young woman’s suicide attempt followed a ‘tiff with her husband’, whose physical disability was seen as pertinent information.⁹⁸ Three other women were reported as going by two surnames, suggesting they were living in a de facto relationship, had been divorced, or that for some other reason their marital status was questioned.⁹⁹ One of these three was described as being ‘well known to police’.¹⁰⁰ Another was eighty-nine years old with an equally elderly husband.¹⁰¹ One was so poor that she and her husband had resorted to living in a makeshift hut on the outskirts of Campbell Town.¹⁰²

Combined with the thirteen unmarried women in the sample, this means that over eighty per cent of women who were charged with attempted suicide had deviated in some way from the ‘respectable’ norm of marital tranquillity. Women who had unstable or non-traditional relationships with men, or those whose husbands were not seen as physically and financially capable of supporting them, and who police and others therefore did not believe had a ‘responsible man’ to ensure their safety, were much more likely to face the invocation of the law. This coheres with Olive Anderson’s finding that ‘solitary women’ were the social group most likely to face imprisonment for attempted suicide, and that this was

⁹⁶ *Tasmanian News*, 28 November 1898, p. 4; *Launceston Examiner*, 5 August 1898, p. 4; *Emu Bay Times and North West and West Coast Advocate*, 29 November 1898, p. 4.

⁹⁷ *Zeehan and Dundas Herald*, 28 June 1895, p. 2.

⁹⁸ *Daily Post*, 17 June 1909, p. 6; *Examiner*, 17 June 1909, p. 5.

⁹⁹ *Daily Telegraph*, 25 December 1901, p. 4; *Mercury*, 20 February 1903, p. 5; *Daily Telegraph*, 1 December 1890, p. 2.

¹⁰⁰ *Mercury*, 20 February 1903, p. 5.

¹⁰¹ *Daily Telegraph*, 15 May 1890, p. 2.

¹⁰² *Mercury*, 19 August 1893, p. 2.

connected to both a genuine desire to prevent suicidal deaths through surveillance and progressives' belief that sentencing should be related 'more to the character of the criminal than to the crime'.¹⁰³

As Anderson's work would suggest, the harshest elements of the Tasmanian legal system were reserved for those women imagined by the police and the public as being both particularly sinful and most isolated from support networks. Of the three women to be imprisoned for attempted suicide, all were single. The first was simultaneously convicted for stealing a man's gold ring: a fitting metaphor for the wicked spinster if ever there was one.¹⁰⁴ The second was a 'sin-stricken woman' whose husband had just been committed to trial for murder, which the newspapers had described as being 'the result of [her] conjugal unfaithfulness'.¹⁰⁵ The third was Maud P., whom we have already met. Enforcement of the law against attempted suicide, then, was fundamentally shaped by society's structures of class and gender.

It is also worth noting that all three imprisonments occurred in the first four years of this sample. From 1894 to 1914 no women were gaoled for attempted suicide. This fact provides further evidence that punishments became increasingly lenient from 1890 onwards, and, furthermore, that society was growing more willing to attempt to understand, rather than condemn, individuals in desperate circumstances who attempted suicide. Following a strident denunciation of the 'curious' practice of prosecuting attempted suicide,

¹⁰³ Anderson, *Suicide in Victorian and Edwardian England*, p. 307.

¹⁰⁴ *Launceston Examiner*, 28 October 1891, p. 2; *Daily Telegraph*, 29 October 1891, p. 2.

¹⁰⁵ *Clipper*, 24 February 1894, p. 2; *Tasmanian News*, 28 February 1894, p. 2.

the left-wing newspaper the *Clipper* noted 'with satisfaction that the Tasmanian authorities wink at the poor unfortunates of late'.¹⁰⁶

Importantly, there is no similar correlation between the men who were charged with attempted suicide and their relationship status. This is not only entirely consistent with the analysis above, but solidifies the conclusions about the gendered nature of the discrimination. It confirms the leniency shown to married women was not because a stable domestic environment existed *per se*, but because it was a stable domestic environment controlled by a man. That is, it was an environment that both conferred respectability and could provide safeguards against future suicide attempts. When men attempted suicide, they emasculated themselves by neglecting their role as a reliable provider for the family, and thus undermined their respectability. Further, because society believed that only men could be trusted to prevent and control an individual's suicidal designs, it follows that, without any structured medical response from the state, the imperative of prevention would, for most suicidal men, mean being placed under the watch of male prison guards.

Of course, there is an alternative explanation for the discrepancy between women who were happily married and those who were not. It is possible the figures reflect a reality that unmarried women, or women living in troubled or unusual domestic circumstances, were more likely to attempt suicide. This being the case, such a reality could be explained either by the reduced access to support structures this might entail, or might reflect a dominant cultural norm in

¹⁰⁶ *Clipper*, 24 June 1893, pp. 1-2.

which women were expected to marry and have children, which, if not met, pushed some women towards suicidal behaviours.

An analysis of cases of attempted suicide that were reported in the press but did not result in charges makes such alternative explanations appear implausible.¹⁰⁷ Of the twenty-two such cases uncovered, eleven involved married women and ten involved unmarried women. The report for one case, being only one sentence long, was too short to determine either way.¹⁰⁸ While this proportion of married women is in itself slightly above the average marriage rates noted above, closer examination draws a more conclusive picture. Of the eleven married women, only one was reported as having anything unusual about her circumstances—her husband was unemployed and the couple were in danger of losing their house.¹⁰⁹ In contrast, of the ten single women, four were young enough to still be living with their parents, meaning that they, like married women, would in all likelihood have been seen to have access to what was deemed to be appropriate domestic care.¹¹⁰ Another three were widowed women, and they, despite lacking conventional domestic support, would have perhaps been more likely to meet the criteria of ‘respectability’ discussed above.¹¹¹ There is therefore little evidence to suggest that normative domestic tranquillity had any effect upon the (non) performance of suicidal behaviours. Subsequent arguments about matrimonial support, which in any case omit the possibility of alternative methods of social assistance, should thus be discarded, as should those that

¹⁰⁷ While this is an imprecise measure, no alternative approach suggests itself.

¹⁰⁸ *Daily Telegraph*, 18 February 1907, p. 8.

¹⁰⁹ *Launceston Examiner*, 12 January 1893, p. 5.

¹¹⁰ *Daily Telegraph*, 2 January 1895, p. 2; *Zeehan and Dundas Herald*, 5 March 1896, p. 2; *Daily Telegraph*, 9 November 1897, p. 2; *North Western Advocate and the Emu Bay Times*, 19 October 1905, p. 2.

¹¹¹ *Mercury*, 22 January 1901, p. 2; *Daily Telegraph*, 18 May 1900, p. 3; *North Western Advocate and the Emu Bay Times*, 22 June 1906, p. 2.

confidently attempt to ascribe a singular and definitive motive to an overwhelmingly complex behaviour, ignoring as they do the large numbers of women for whom the failure to meet the social pressure to be married did not lead to suicidal behaviour. Socially approved, conventional domestic arrangements influenced the way that police sought to manage suicidal behaviours; they did not generally influence those behaviours themselves.

From the 1880s, therefore, Tasmanian society was gradually moving away from a model of punishment and deterrence and towards one that sought to protect and assist those who had attempted to end their own lives. However, the systems that at that time existed to manage suicidal behaviours displayed few ideas about how a new system might look. The pattern of leniency conferred upon women in stable domestic relationships suggests that society, and perhaps particularly the male half that dominated the police forces and the legal system, thought that suicidal women might be best understood and managed by their husbands. The law and the police were much more likely to treat attempted suicide as a criminal issue when dealing with those for whom patriarchal care was not a possibility. Underpinning this gendered imperative to protect were class-based notions of respectability, which both supported assumptions that police were making about an individual's proximity to support structures (and therefore of their prospects outside of prison), as well as judgements about the extent to which they deserved or would benefit from a gentler approach. Men and single women fared the worst, particularly if they were poor, while married, 'respectable' women were most likely to avoid both arrest and conviction.

The introduction of the Criminal Code

The introduction of the Criminal Code in 1924 coincided with a large spike in the number of people who were charged with attempted suicide.¹¹² Whereas prior to the introduction of the Code the laws against attempted suicide were well on their way to becoming a dead letter, the ten subsequent years saw an average of six people charged with the offence each year. It is difficult to be certain why this was the case, as there are no records of direct instructions being given to officers in the police gazettes, departmental annual reports, or Attorney-General's correspondence files. It seems likely, however, that the codification of laws against attempted suicide changed the extent to which officers felt able to apply their own judgement to cases that came to their attention. While from 4 April 1924 attempted suicide was specifically prohibited by the state of Tasmania, it had previously been a misdemeanour offence, inherited from Britain, that police had been instructed to apply only with 'good reason' and with reference to both the 'nature of the offence' and the 'character of the parties'. The Criminal Code probably clarified the expected role of officers when it came to charging people with attempting suicide.

The rise in arrests was representative of the beginning of a more interventionist approach to managing suicidal behaviour, rather than a reversion to past practices. As Figure 1.2 demonstrates, the period following 1924 witnessed a growing divergence between the number of people who were charged and the number who received convictions. The ten years from 1877, when accurate figures are first available, shows there were sixty-seven charges laid and fifty-

¹¹² For general context, see Stefan Petrow, 'Modernising the Law: Norman Kirkwood Ewing (1870-1928) and the Tasmanian Criminal Code 1924', *University of Queensland Law Journal*, 18, no. 2 (1995), pp. 287-304.

two convictions. A decade after the introduction of the Criminal Code, there had been sixty charges but only twenty-four convictions.

One reason for this was that the judiciary were not exempt from society-wide shifts in understandings of suicide. In 1925, Chief Justice Sir Herbert Nicholls presided over a case involving a man who had attempted suicide following a breakdown and a period of heavy drinking. He told the court he believed it was 'obvious in this case that it would be quite futile, or no good would be done, by passing a sentence of imprisonment on this man', and requiring the provision of a surety will not 'make any difference'. He explained his view that 'suicide has so many entirely different characters that each case has to be dealt with on its own facts', and agreed with the defendant's lawyer that the best course of action was to allow him 'to be treated for his broken health'. This was despite his view that the defendant's 'grievous troubles' were 'largely self-caused'.¹¹³

Examples such as this highlight how significantly understandings of the role of the legal system in managing suicide had changed from earlier years. Incarceration was no longer seen as the safest option for people with mental health issues, as medical options had increased in both effectiveness and availability. Similarly, prison was not believed to be the best way to manage problems with alcohol, which were also not seen, at least to the same degree, as a reflection on the character of the individual involved.¹¹⁴ The system of demanding sureties was, for the most part, no longer believed to be a useful way

¹¹³ *News*, 4 November 1925, p. 3. See also *Mercury*, 22 September 1928, p. 11; *Mercury*, 3 September 1930, p. 9, among many other examples.

¹¹⁴ In another case in 1928, Chief Justice Nicholls stated, in a case of a man addicted to morphine, that he believed 'there was no moral disgrace in the condition into which the prisoner had fallen'. *Mercury*, 22 September 1928, p. 11.

to protect against future suicide attempts, and the practice consequently fell largely into disuse during the 1920s.

One judge, Justice Andrew Inglis Clark junior, evidently continued to believe the legal system retained some responsibility to deter members of the public from attempting suicide. In 1929, he stated he could not accede to the request from Robert M.'s lawyer, Dr Herbert Thomas Postle, that the defendant be released. The reason for this was that 'cases of attempted suicide were not getting less'. While he 'had been much moved by Dr Postle's plea', he also 'had to consider public interests, and look at the matter from a wider aspect'. It was important that he take into consideration 'the matter of deterring others from dealing with themselves in a similar way'.¹¹⁵ He accordingly imposed what was, by this time, the highly unusual sentence of three months imprisonment, backdated to Robert M.'s arrest. Justice Clark made similar comments at the conclusion of hearings in 1933 and 1935. In the 1935 trial he stated it was 'the second case of attempted suicide which has come before me this session', and noted there had been 'quite a number of such offenders in this court recently'. While granting the lawyer's request not to impose a custodial sentence, he warned that 'whether this treatment will be continued in these cases in the future I cannot say. There are certainly too many of them'.¹¹⁶ Justice Clark's views about the responsibility and capacity of the law to prevent suicide did not shape legal responses in the 1920s and 1930s to any significant degree. He did not raise the issue in any of the other cases he oversaw, and nor did any other judge or magistrate. With this exception, the system had moved beyond deterrence.

¹¹⁵ *Advocate*, 21 November 1929, p. 3. See also *Examiner*, 21 November 1929, p. 13.

¹¹⁶ *Examiner*, 7 March 1935, p. 6.

Changing priorities and principles were also reflected in the range of sentencing options utilised by judges and magistrates from the 1920s. In place of obtaining sureties and imposing prison sentences sprung a range of alternatives. Defendants were regularly called to appear for sentencing 'when called upon', which was essentially a good behaviour period without a conviction being recorded. Many others were sentenced to custody until 'the rising of the court', which was equivalent to immediate release. There was no apparent reason why one would be given over another.

These two sentences made up a majority of all cases from 1920 onwards. Generally, they would follow the judge or magistrate receiving some sort of assurance the defendant would not attempt suicide a second time. Sometimes, this was in the form of verbal promises that were extracted by the judges themselves.¹¹⁷ In other cases, lawyers for the defendants would explain either that the attempt had arisen due to once-off circumstances, such as an illness or drinking bout, or that arrangements had been made that would prevent them from either wanting or being able to attempt suicide again.¹¹⁸ For example, Ethyl H.'s lawyer outlined in 1936 how his client had become extremely distressed and suffered a nervous breakdown following the suicide of her employer, but that by the time of the hearing had fully recovered and was living with her aunt.¹¹⁹ With such sentences, as Acting Justice Edward Laret Hall (who had also been a

¹¹⁷ See, for example, *Mercury*, 10 September 1930, p. 2; *Mercury*, 8 April 1935, p. 5; *Mercury*, 20 March 1937, p. 17.

¹¹⁸ *Advocate*, 23 May 1928, p. 2; *Mercury*, 10 September 1930, p. 2.

¹¹⁹ *Mercury*, 8 April 1936, p. 5. See also *Mercury*, 17 April 1926, p. 13; *Mercury*, 14 June 1928, p. 12; *Mercury*, 16 December 1933, p. 6; *Mercury*, 11 December 1935, p. 6. J. Walch & Sons, *Walch's Tasmanian Almanac* (Hobart, 1915), p. 79.

longstanding coroner) explained to Hedley W. in 1925, it was 'not a question of punishment', but of trying to 'ensure that the thing will not happen again'.¹²⁰

Seeking to impose punishment as a means of managing suicide was also abandoned by the police during the 1920s. From 1925, approximately one fifth of all charges were discontinued following an application to the judge or magistrate by the police for the case to be adjourned *sine die*. In practice, this was equivalent to the police dropping the charges, except the case could be reheard if the individual attempted suicide again (though this never occurred during the period).

What is interesting about cases that were adjourned *sine die* is that they generally occurred when police had made arrangements to ensure the safety, or at least promote the wellbeing, of the individual concerned. For example, in 1925 the police contacted Mary F.'s daughter, who was then living on the mainland, and arranged for her to come to Tasmania to care for her mother.¹²¹ Similarly, in 1927 Detective-Sergeant Fleming asked for Ella S.'s hearing to be postponed as, at the time, she had no one to take care of her, and police needed time to make enquiries into the willingness of her relatives to support her.¹²² Cases such as these demonstrate that, from at least the 1920s, police were taking a much more active role in supporting people who had attempted suicide than had been the case in the nineteenth century. While it is possible this was a direct response to the introduction of the Criminal Code and the increased involvement of police it demanded, it is probably more likely police started to perform such a role from around 1906, when arrests for attempted suicide became quite rare. Only when

¹²⁰ *Advocate*, 9 December 1925, p. 3.

¹²¹ *Mercury*, 22 May 1925, p. 9; *Daily Telegraph*, 22 May 1925, p. 4.

¹²² *Mercury*, 1 February 1927, p. 3.

police were required to make arrests from 1924 did the work they had probably been doing behind the scenes for two decades begin to find its way into the historical record.

The judiciary would sometimes also work with police to make arrangements they believed would assist the recovery of suicidal individuals. In 1939 Leonard T., a man who had suffered psychologically as a result of his service during the First World War, was required to check in monthly with police for a year.¹²³ Other individuals, such as James B., were required to abstain from alcohol for a specified period, while judges ordered the detention of others for up to a month so that they could be examined and monitored by 'the psychological authorities'.¹²⁴ There was no specified set of options available to judges when delivering such sentences, who instead imposed conditions they believed were in the best interests of the person who had attempted suicide. When compared with the system of punishment and deterrence that had prevailed in earlier decades, this not only represented a significant shift in the role of the legal system in managing suicidal behaviour, but also demonstrates how significantly understandings about the causes of suicide had changed.

The way in which cases proceeded also changed markedly during the period 1868-1943. Whereas defendants invariably represented themselves until the 1920s, the introduction of the Criminal Code in 1924 saw lawyers appear on behalf of defendants in almost every case. Whether this was a function of the fact the Criminal Code meant cases were usually tried in the Criminal Court rather than the Police Court, or whether the Criminal Code neatly coincided with the

¹²³ *Advocate*, 6 December 1939, p. 6.

¹²⁴ *Advocate*, 6 March 1937, p. 7; *Mercury*, 31 January 1928, p. 3.

development and expansion of the legal profession, is hard to say. Legal assistance certainly was afforded to people charged with serious offences from the 1900s, so the shift to trying cases at the Supreme Court may have entitled people to legal support where it had not previously been provided.¹²⁵ The immediacy of the shift also suggests that the changed location of trials was important. Regardless, and more importantly for the purposes of this study, the increased use of lawyers meant that individuals who had attempted suicide were represented by people with experience and knowledge of what would benefit their case. This meant that, for example, it became increasingly common for defence attorneys to obtain and supply medical testimony in support of their client.¹²⁶ At the same time as judges were more likely to consider the circumstances of the individual and what might be best for them, defendants were also better able than ever before to have this information delivered in court.

As the 1940s approached, it became increasingly unlikely that people who had attempted suicide would be charged or convicted. This was not something that was unique to Tasmania, and in fact, official statistics appear to show Tasmania was the slowest of all states and territories to decouple attempted suicide from the legal system. In 1938, three Tasmanians were convicted of attempting suicide. The only other convictions that year were in traditionally conservative South Australia, which also convicted three individuals. The following year, the two convictions recorded in Tasmania were the only convictions nationwide. In 1941, the only other year in which complete national figures appear to have been

¹²⁵ Judiciary Act 1903 (Cth).

¹²⁶ See, for example, *Mercury*, 18 December 1931, p. 7.

collated, not a single person was convicted across the country.¹²⁷ For these three years, therefore, Tasmania provided almost two-thirds of the country's convictions for attempted suicide, despite containing just over three per cent of the national population.¹²⁸ The shift in Tasmanian policing and sentencing from punishment and deterrence to intervention and support was therefore unlikely to have been the result of one individual or of circumstances peculiar to Tasmania. Rather, the way in which suicidal behaviour was understood was undergoing change across the western world, and this in turn changed what was seen as the most appropriate and effective response from the state.

Conclusion

Tasmania's legal system gradually abandoned deterrence as a strategy for reducing suicide from the 1870s. Changing understandings of suicidal behaviour, in which suicide came to be seen as a response to circumstances rather than an individual choice, led Tasmania to abolish punishments for suicidal death in 1873. Full decriminalisation was brought about in 1914. The number of charges and convictions for attempted suicide declined from the 1880s to the early 1900s, and the sentences that were imposed by the courts became increasingly lenient. From the 1920s, and possibly earlier, both police and the judiciary

¹²⁷ For 1938, see Commonwealth Bureau of Census and Statistics, *Official Year Book of the Commonwealth of Australia 1940* (Canberra, 1941), p. 201; for 1939, see Commonwealth Bureau of Census and Statistics, *Official Year Book of the Commonwealth of Australia 1941* (Canberra, 1942), p. 177; for 1941, see Commonwealth Bureau of Census and Statistics, *Official Year Book of the Commonwealth of Australia 1942-43* (Canberra, 1944), p. 185. People continued to be charged in other States. See, for example, *Barrier Miner (Broken Hill, New South Wales: 1888-1954)*, 25 March 1941, p. 1, in which a man charged with attempted suicide was placed under the observation of the Government Medical Officer. Another news article suggests a suspended sentence was imposed in Western Australia. See *Coolgardie Miner (Coolgardie, WA: 1932-54)*, 10 April 1941, p. 2. A detailed study of attempted suicide in other states might clarify the extent to which the national figures are completely accurate, though the trend in sentencing is clear nonetheless.

¹²⁸ From a search of newspapers, it appears that a handful of people were convicted of attempted suicide in the 1940s in Western Australia. See *Daily News (Perth, WA: 1882-1950)*, 22 October 1943, p. 2; *Daily News*, 9 February 1946, p. 9; *Daily News*, 23 August 1940, p. 10.

actively intervened in cases to make arrangements they believed would assist those who had attempted to end their lives. As the focus of policing shifted from enforcement to support, the gender-based discrimination that existed in earlier years also diminished significantly. The reforms of the period reflected the dominance of secular understandings of suicide, and by 1943 legal sanctions had almost no role in Tasmania's attempts to manage and prevent suicidal behaviour. Suicide was, by that time, treated as a social and medical issue.

Chapter 2: The Coronial System

No single process was more integral to Tasmania's understanding of suicide than the coronial inquest. As one of the 'traditional institutions of civic popular participation', it allowed members of the community to come together and explain, in their own way, how and why a death had occurred.¹ Findings were extensively and accurately reported in the press, which in turn enabled the knowledge and interpretations that inquests produced to be shared with the wider public. As was discussed in the previous chapter, the findings of inquests were directly related to the legal sanctions and other consequences that could arise in cases of suicide.

By the turn of the twentieth century the inquest process was beginning to undergo significant change. Local public houses were replaced as the main site of the inquest by more professional settings. Juries, once the bedrock of coronial justice, were cast aside as superfluous and unreliable. Medical testimony was being afforded unprecedented prominence and significance. From these changes much understanding can be gleaned about the ways in which Tasmanians approached and made sense of suicidal deaths, and analysis of this will form the basis of this chapter. Grasping the workings of the inquest system is also a necessary prerequisite for interpreting the actual content of the process, which will occur in Chapter 3.

¹ Ian Burney, *Bodies of Evidence: Medicine and the Politics of the English Inquest 1830- 1926* (Baltimore, 2000), p. 1.

A context of reform

Across the world, the decades either side of 1900 witnessed enormous changes in the relationships between expert knowledge, bureaucracy, and society. Robert H. Wiebe, writing in the context of the United States, argues that during this period the rise of the urban-industrial economy precipitated a fundamental social disruption in which the personal, informal, and community-centred relationships that had hitherto overseen business operations, professional organisation and governmental functions were no longer sufficient. He contends that, in response, such groups began to reform themselves so that a centralised and rational order—that is, a bureaucratic form of administration—would become not only the model but also the very purpose of social organisation.²

Wiebe's comments on the reorientation of the law and medicine are particularly relevant. He notes how the law became compartmentalised into specific branches, and narrowly focussed courts proliferated so as to deal with these intricate and discrete functions in an orderly way.³ Similarly, he notes how the rapid progression of scientific knowledge that occurred during this period required the incorporation of experts into what had traditionally been political or governmental processes.⁴ The section that follows will suggest that the shift detailed by Wiebe is encapsulated in the changes that Tasmania made to its inquest process.

The thesis of William Pember Reeves will also be important in this discussion. Pember Reeves was a New Zealand Liberal politician and newspaper editor who

² Robert H. Wiebe, *The Search for Order 1877-1920* (Melbourne, 1967).

³ *Ibid.*, p. 150.

⁴ *Ibid.*, p. 174.

authored the 1894 Industrial Conciliation and Arbitration Act, innovative legislation that drew heavily upon an earlier South Australian initiative and went on to influence similar developments elsewhere in Australasia.⁵ Pember Reeves later became director of the London School of Economics. His 1902 work detailing the processes of policy-making and transfer is therefore written from a privileged vantage point: he was at the same time an expert analyst and a primary source, a key participant and a commentator.

The general thesis of Pember Reeves is that it was commonplace during the late nineteenth and early twentieth century for governments in Australia and New Zealand to establish 'state experiments' with a view to improving British laws and institutions.⁶ Indeed, many of the areas of reform he identified, such as federation, voting, land distribution, labour laws, and industrial arbitration can also be seen in the terms outlined by Wiebe. Modifying the inquest system to be more in accordance with what were perceived to be the 'modern' trends towards science and bureaucratic organisation would certainly have appealed to colonists seeking to create a 'social laboratory' for pioneering initiatives.⁷ The following section will therefore seek to demonstrate the validity of understanding the reform of the inquest process as a 'state experiment' in line with the framework of Pember Reeves.

⁵ Shaun Goldfinch and Philippa Mein Smith, 'Compulsory Arbitration and the Australasian Model of State Development: Policy Transfer, Learning, and Innovation', *Journal of Policy History*, 18, no. 4 (2006), pp. 425-9.

⁶ William Pember Reeves, *State Experiments in Australia and New Zealand*, vol. 1 (Edinburgh, 1923); William Pember Reeves, *State Experiments in Australia and New Zealand*, vol. 2 (Edinburgh, 1923).

⁷ Eric Olssen, *Building the New World: Work, Politics and Society in Caversham 1880s-1920s* (Auckland, 1995), p. 1. See also Goldfinch and Mein Smith, 'Compulsory Arbitration', pp. 419-445. On the rise of bureaucratic innovation, see Wiebe, *The Search for Order*. On science and medicine in the inquest, see Burney, *Bodies of Evidence*. On the rise of medicine more generally, see Evan Willis, *Medical Dominance: The Division of Labour in Australian Health Care* (Sydney, 1983).

The relevance of these two authors also suggests that the reform of the inquest system in Tasmania might be usefully understood in the context of the Progressive Era more generally. While noting there was no agreed Progressive agenda, David Gutzke has defined Progressivism as a movement characterised by an ability to form cross-class alliances, as having a fundamental belief in the primacy of science and scientific methodology, as being fanatically interested in efficiency, and as possessing a keen enthusiasm for experimentation.⁸ Michael Roe likewise suggests that 'the Progressive ideal was efficiency', and notes the pragmatic nature of Progressive reform.⁹ As will be demonstrated, many of these features are consistent with the experience of coronial reform in Tasmania.

Writing with respect to Tasmania, Ronald Mallett has argued that the Progressive 'devotion to intervention and expertise was tempered by a well-ingrained strain of economic restraint, which often undermined the potential effectiveness of the measures introduced'.¹⁰ He also proposes that Progressive reforms did not begin to attract broad appeal until the 1920s.¹¹ What follows will suggest that Mallett errs by both defining Progressivism too narrowly ('devotion to intervention'), and by focussing only on large reforms, and in so doing overlooks the myriad ways in which even comparatively inconsequential

⁸ David W. Gutzke, *Pubs and Progressives: Reinventing the Public House in England 1896–1960* (DeKalb, 2006), p. 17.

⁹ Michael Roe, *Nine Australian Progressives: Vitalism in Bourgeois Social Thought 1890–1960* (St Lucia, 1984), pp. 1–15.

¹⁰ Ronald Mallett, 'A Model among Towns?': A Study of Progressivism in Launceston During the Interwar Period' (Unpublished PhD thesis, University of Tasmania, 2011), p. 9. The example of the Launceston Morgue, discussed below, supports his point about the limitations imposed by local economic circumstances.

¹¹ *Ibid.*, p. 7.

institutions, such as the inquest, became infused with Progressive politics from about 1890 onwards.¹²

The coronial system in Tasmania

Throughout the period of this study, Tasmanian law required inquests to be held following any violent, accidental, sudden, or otherwise unexplained death. Upon being notified of any death, police would conduct initial inquiries and prepare a report for the coroner, who would then determine whether an inquest was necessary. In making such judgements, it seems that coroners would invariably err on the side of caution: by far the most common inquest verdict was death by natural causes. Inquests were also compulsory following deaths in custody, which included patients at the Hospital for the Insane at New Norfolk. Inquests were also utilised to determine the cause of fires.¹³

Legally speaking, coroners were appointed by the governor.¹⁴ In reality, however, appointments were made by the Attorney-General on the advice of the Police Commissioner and local inspectors or officers.¹⁵ Similarly, while coroners were theoretically appointed as coroners for the whole of Tasmania, in practice they were mostly assigned to a specific area.¹⁶ As regions and townships increased in population, or as coroners moved away, aged or died, it made both financial and practical sense to appoint local people to coronerships.¹⁷ This is because coroners were paid for each inquest they conducted, rather than an

¹² Another example is the First Offenders Probation Act discussed in the previous chapter.

¹³ Coroners Act 1873 (Tas). See also Shirley Hofto, 'A Study of the Inquest Records of Tasmania' (Unpublished M.A. thesis, University of Tasmania, 1996), p. 9.

¹⁴ Coroners Act 1873 (Tas), s. 2.

¹⁵ Correspondence Relating to the Making and Termination of the Appointment of Coroners, AGD16/1/1, Tasmanian Archive and Heritage Office (hereafter TAHO).

¹⁶ *Ibid.* For an example of requests for coronial appointments for a particular area, see the correspondence dated 18 July 1939.

¹⁷ *Ibid.*

annual salary, and coroners were required to be paid generous reimbursements for travel.¹⁸ Of course, it was also beneficial if inquests could be conducted as soon as possible after a death had occurred.

More often than not, coroners in Tasmania had a legal background or had at least also served as Justices of the Peace. This was by no means a requirement, however, and many people outside of the legal profession served as coroners.¹⁹ As Attorney-General Eric Ogilvie explained to Norman Nicholson, who had declined the offer of a coronership because he felt he did not possess sufficient knowledge of the law or court procedures:

It does not necessarily follow that you should be in possession of any great legal knowledge to perform the duties relating to this office. The Coroners Act sets out the duties very clearly and you would have no difficulty in interpreting the duties demanded of you.²⁰

It was very rare that doctors or other medical professionals would be appointed as coroners. Indeed, in 1935 Attorney-General Ogilvie specifically rejected the recommendation of the Commissioner of Police that a Campbell Town doctor be appointed to a coronership, stating that he did 'not consider it wise to appoint a Medical officer as a Coroner for any particular district'.²¹ Though Ogilvie did not elaborate, presumably the reason for this was that, while the Coroners Act did not prohibit medical professionals serving as coroners, it did prohibit them from overseeing the inquests of people they had 'attended professionally in such

¹⁸ Coroners Act 1873 (Tas), s. 21.

¹⁹ For an example of an accountant being appointed as a coroner, see Correspondence Relating to the Making and Termination of the Appointment of Coroners, AGD16/1/1, TAHO, letter dated 18 July 1939.

²⁰ *Ibid.*, letter dated 26 September 1935.

²¹ *Ibid.*, letter dated 19 August 1935. Capitalisation in original.

person's last illness or at the time of death'.²² In small communities, where a medically-trained coroner would have been in all likelihood the only practising doctor, this requirement would have made them ineligible to oversee most of the cases that would come before them.²³

After deciding that an inquest was required to be held, the coroner would direct a local constable to summon a group of twelve individuals, from which a jury of seven would be empanelled.²⁴ Space would be obtained to conduct the proceedings, which would be open to the public and media and which would usually begin within twenty-four hours of the death being discovered.²⁵ The jury would assist with the questioning of witnesses and had responsibility for making the final determination as to the cause of death or fire. There were no explicit property qualifications for jury service.²⁶ The sole requirement was that the individual be between twenty-one and sixty years of age.²⁷ Accordingly, and although broader social discriminations often resulted in the exclusion poorer men, and particularly of women, the inquest in 1868 was fundamentally designed to be an open process, at least in terms of the prevailing standards of

²² Coroners Act 1873 (Tas), s. 4. The reason for this clause was presumably to ensure that cases involving medical negligence could not be covered up.

²³ In Tasmania, and as with almost every other profession, women were, through the closure of other avenues, essentially excluded from acting as coroners. There were certainly no women appointed to the role between 1868 and 1943. Kim Boyer was the first and was appointed in 1973.

²⁴ Coroners Act 1873 (Tas), ss. 5-7. Juries were invariably all-male bodies throughout the period.

²⁵ Inquests for fires were generally delayed longer than this. Presumably there was not the same urgency as when dealing with a human death.

²⁶ Coroners Act 1873 (Tas). That said, the Coroner's Handbook (NSW) suggests that it was preferable to empanel business or property owners as, in the event that an inquest would adjourned, jurors were often required to provide a surety that they would return upon the inquest's recommencement. R. H. Mathews, *Handbook to Magisterial Inquiries and Coroners' Inquests in New South Wales*, 2nd ed. (Sydney, 1890), p. 80.

²⁷ Coroners Act 1873 (Tas), s. 5.

the time.²⁸ It was a ritual of interpretation akin to the jury system for criminal trials, the central purpose of which was to allow community standards of justice to prevail.²⁹

The location of inquests

One significant change to inquest practices that occurred between 1868 and 1943 was the setting in which they were held. In the United Kingdom, taverns, inns, hotels and public houses were the most frequently used spaces, up to and largely throughout the Victorian period.³⁰ However, in the late-nineteenth century Britain began to utilise public institutions such as hospitals, council chambers or schoolhouses, and later, in the larger jurisdictions, began to construct purpose-built facilities such as Coroner's Courts.³¹ As Olive Anderson has shown, metropolitan areas of England had largely completed this transition by about 1910.³²

In Australia, Simon Cooke has demonstrated a similar trend in the state of Victoria, though he locates the decline of the hotel as the primary inquest site in the 1870s, and suggests the transition went straight from public houses to purpose-built facilities.³³ While Cooke explains this shift in a passive, impersonal

²⁸ Occasionally jury members would sign their name with a mark, suggesting literacy was not necessarily required for service. See, for example, Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/68 (no. 9777), TAHO.

²⁹ Michael MacDonald and Terence R. Murphy, *Sleepless Souls: Suicide in Early Modern England* (Oxford, 1990), p. 222-7.

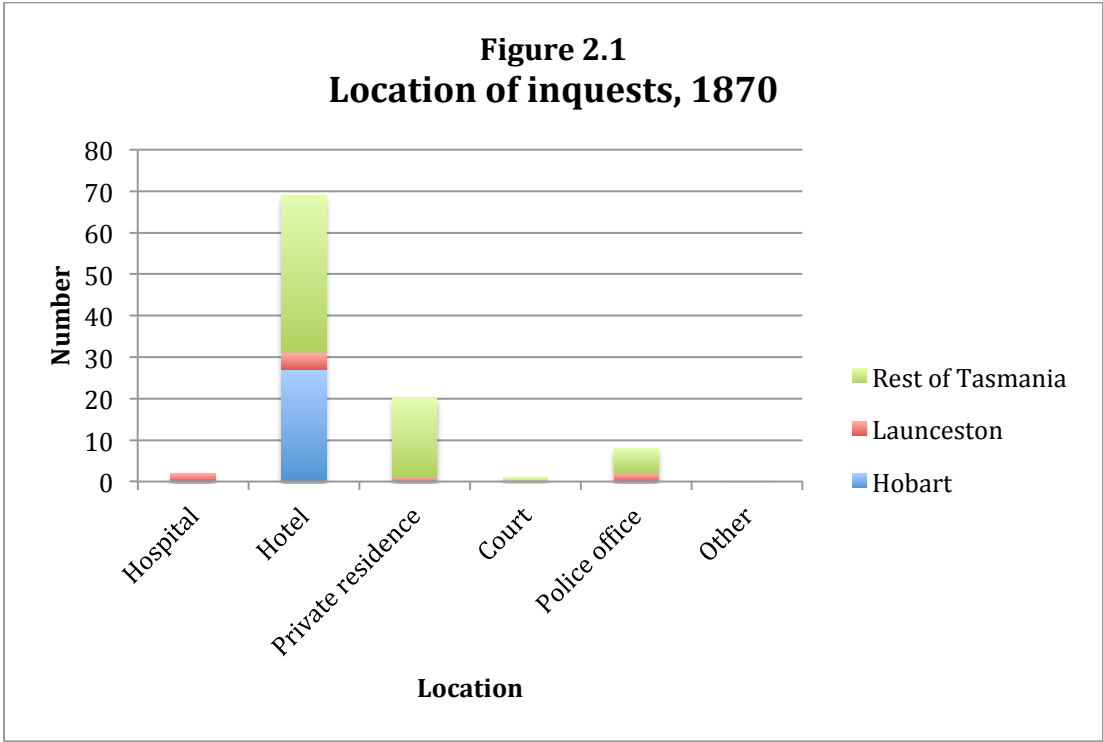
³⁰ Victor Bailey, *"This Rash Act": Suicide across the Life Cycle in the Victorian City* (Stanford, 1998), pp. 45-7; Olive Anderson, *Suicide in Victorian and Edwardian England* (Oxford, 1987), pp. 257-8.

³¹ Anderson, *Suicide in Victorian and Edwardian England*, p. 257. See also Burney, *Bodies of Evidence*, pp. 80-106.

³² Anderson, *Suicide in Victorian and Edwardian England*, pp. 257-9.

³³ Simon Cooke, 'Secret Sorrows: A Social History of Suicide in Victoria, 1841-1921' (Unpublished PhD thesis, University of Melbourne, 1998), p. 47. While Cooke's figures do not necessarily show a rapid rise in the use of more specialised building until the 1910s, this appears to be due to the large number of 'unknown' locations that arose following the 1870s decline in the use of hotels. Lee Butterworth's excellent thesis on the coronial system in Queensland does not directly deal with the specific locations in which inquests were held, nor does John Weaver's study of suicide.

way, describing it simply as ‘a movement toward a more bureaucratic system’, Anderson more forcefully suggests the ‘investigation of suicide had been taken over by professionals’.³⁴ Regardless, it is clear both see changing inquest locations as being fundamentally connected to a more general shift in both the nature of inquests and the treatment of suicidal deaths, from a familiar, public process, to one ‘shrouded in an atmosphere of officialdom, expertise, and formality’.³⁵



Source: Figures drawn from a random sampling of 100 inquests held in 1870. Findings, Depositions and Associated Papers Relating to Coroners’ Inquests, SC195/1/53 (nos. 6713-6799), TAHO, and Findings, Depositions and Associated Papers Relating to Coroners’ Inquests, SC195/1/54 (nos. 6800-6832), TAHO.

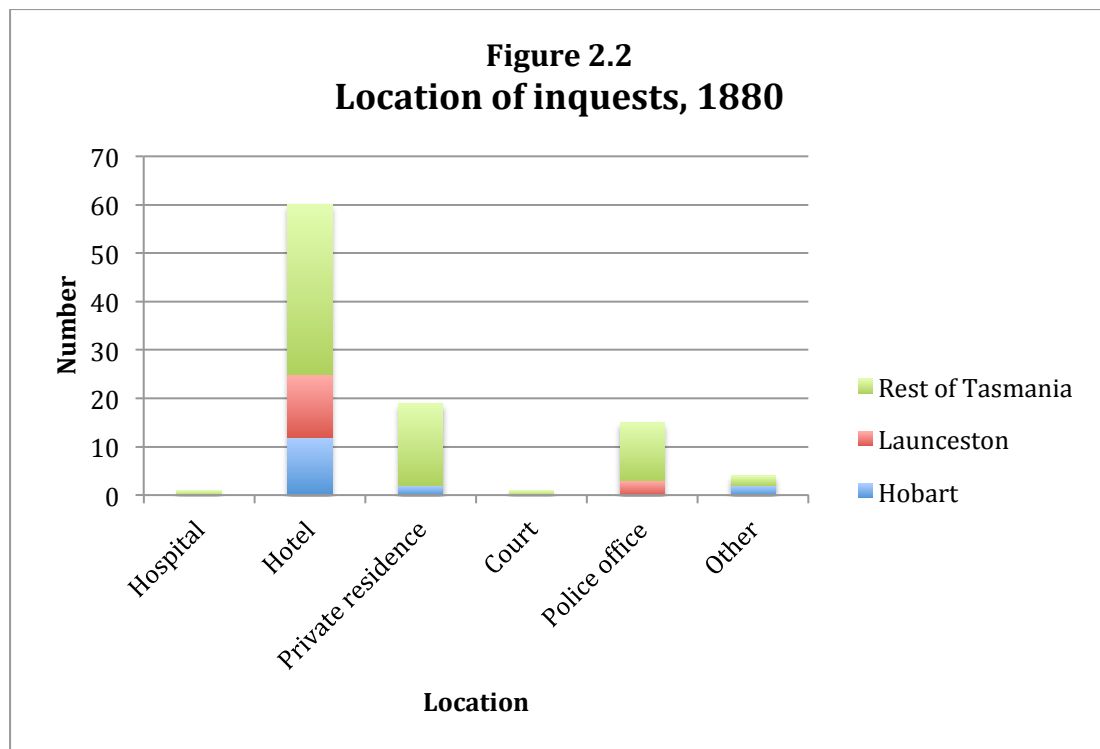
Lee Karen Butterworth, 'What Good Is a Coroner? The Transformation of the Queensland Office of the Coroner 1859-1959' (Unpublished PhD thesis, Griffith University, 2012).

³⁴ Cooke, 'Secret Sorrows', p. 82; Anderson, *Suicide in Victorian and Edwardian England* p. 259.

³⁵ Anderson, *Suicide in Victorian and Edwardian England* p. 258.

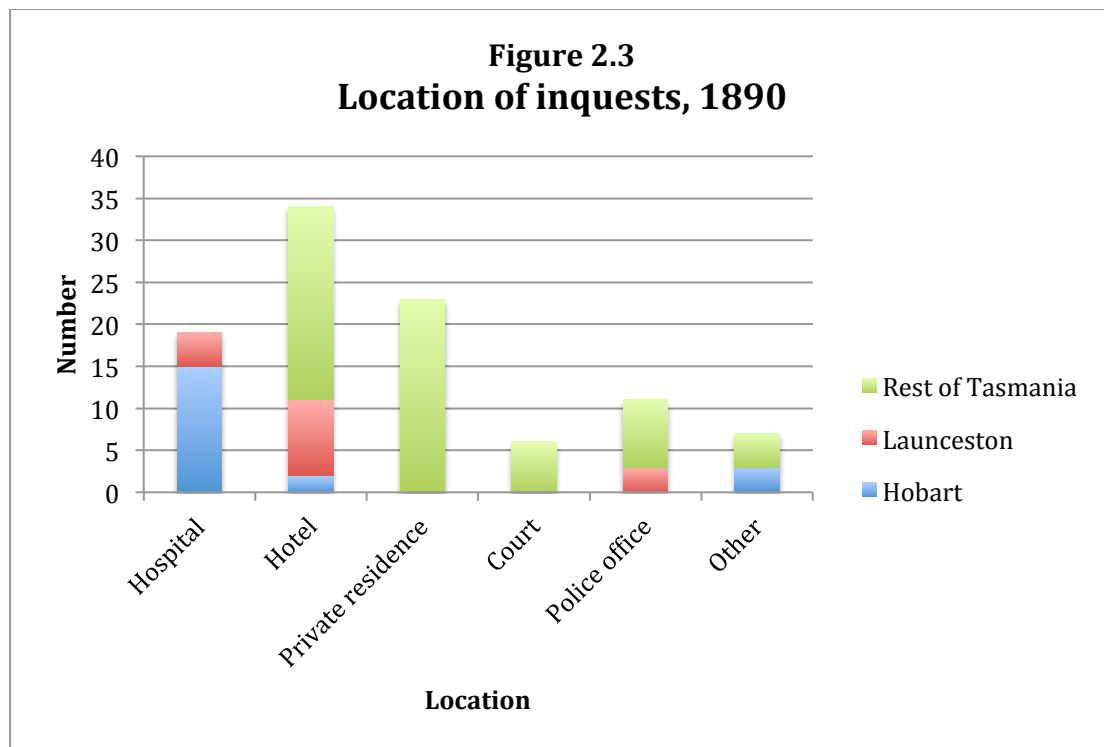
As Figure 2.1 demonstrates, in Tasmania in 1870 inquests were most commonly held in hotels. Indeed, hotels had for so long been the default setting that the standard forms included space for the coroner to write the name of the licensee and hotel where the inquest was held. Private residences, while not used at all in Hobart, and only very rarely in Launceston, were the next most frequently used location. This presumably reflected the difficulty of obtaining space in localities that did not have a hotel for population or temperance reasons, as well as the convenience of holding inquests in the same place that people had died in a time when transport was slow and cumbersome.³⁶ The occasional use of police offices outside of Tasmania's two largest population centres probably also reflects similar issues, while also highlighting the central role the police played in the discovery and investigation of deaths. The infrequent utilisation of courthouses and hospitals highlights that inquests remained a fairly informal process, at least in comparison to other legal processes.

³⁶ David Cooney, 'Local Option in Tasmania: The Temperance Question 1884-1908' (Unpublished B.A. (hons) thesis, University of Tasmania, 1973). For examples of inquests being held in the houses of the deceased, see *TAHO*, SC195/1/68 (nos. 9772, 9756, 9790, 9797, 9805, 9809, 9816, 9822, 9826, 9830, 9835).



Source: Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/60 (nos. 8204-8220), TAHO, and Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/61 (nos. 8221-8305), TAHO.

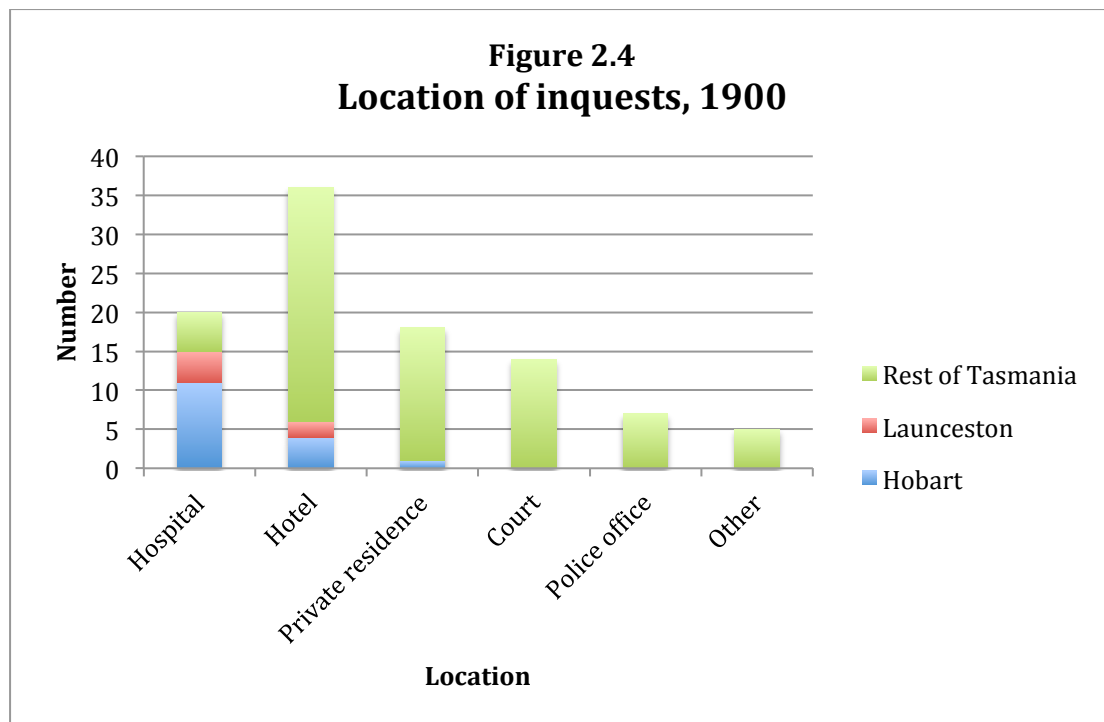
By 1880, signs of change are evident. Hotels and private residences dropped from hosting almost ninety per cent of inquests to less than eighty per cent. The use of police offices almost doubled, and this signalled the start of a trend towards the use of government facilities. In the same way, inquests began to be held in other official buildings, such as the Orford post office, the council chambers at Richmond, and the New Town Charitable Institution.



Source: Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/68
(nos. 9750-9849), TAHO.

By 1890, morgues had been constructed adjacent to the hospitals in Hobart and Launceston that could be used for post mortem examinations.³⁷ The use of facilities in medical institutions is the major shift from ten years earlier, though the use of morgues perhaps reflected Progressive concerns about sanitation and public health rather than the rise of medicine more generally. Hotels were only infrequently used in Hobart from this time onwards, while court houses began to be used outside of Hobart and Launceston. Other locations that were used included the Hobart Gaol, the Military Barracks, and various council chambers in rural areas. Again, a gradual movement towards official sites is evident.

³⁷ For a history of morgues in Victoria, see Andrew Brown-May and Simon Cooke, 'Death, Decency and the Dead-House', *Provenance*, 3 (2004), pp. 1-15.

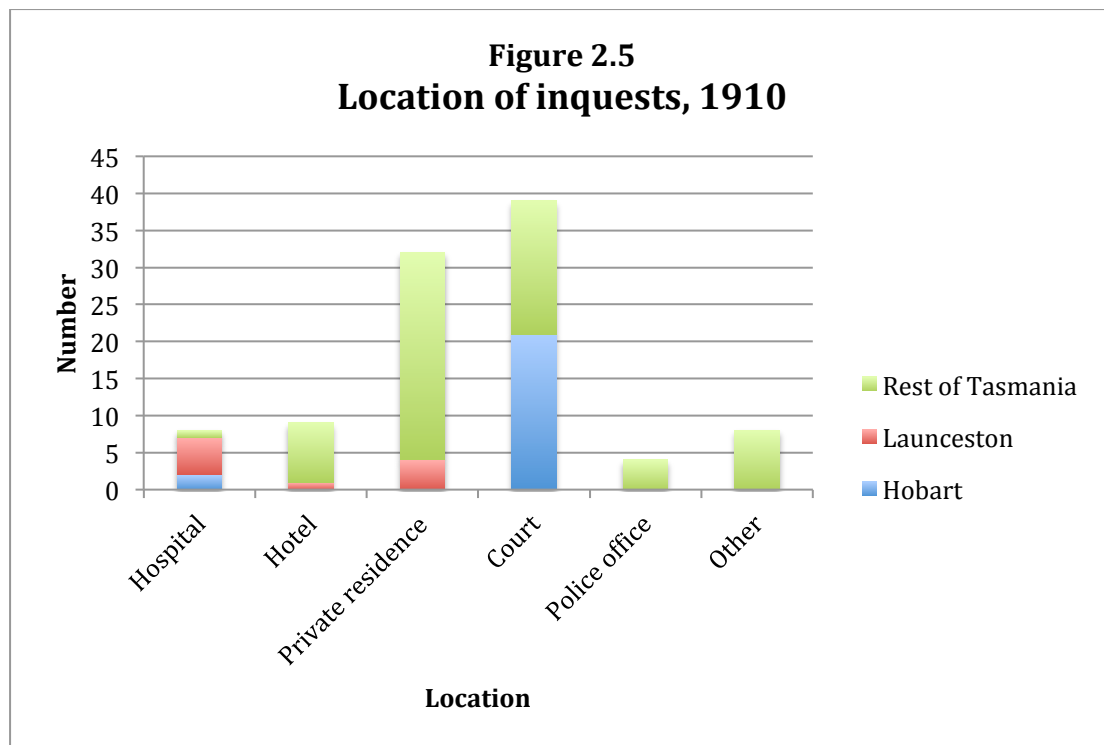


Source: Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/73 (nos. 11150-11212), TAHO, and Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/74 (nos. 11213-11271), TAHO.³⁸

The turn of the twentieth century saw the general thrust of earlier trends continue. As shown in Figure 2.4, the use of police offices declined, largely due to the fact that they were no longer used in Launceston. The use of courthouses more than doubled, though were still only used outside of the major cities. The proliferation of cottage hospitals, itself part of a growing international practice, contributed to an overall rise in the usage of hospitals generally, with three inquests being held at the Zeehan and Dundas District Hospital, one at the Queenstown Hospital, and one in Campbell Town.³⁹

³⁸ From this series onward, it was not always possible to survey an uninterrupted run of 100 files, as forms sometimes failed to state where exactly the inquest was held (i.e. they would often simply state the town or municipality, rather than a particular hotel, residence or public building). As there was no discernable pattern to these omissions, in instances where this information could not be located with a basic search the files were excluded rather than placed in an 'unknown' category, as per Cooke in 'Secret Sorrows'.

³⁹ Meyrick Emrys-Roberts, *The Cottage Hospitals, 1859-1990* (Motcombe, 1991).



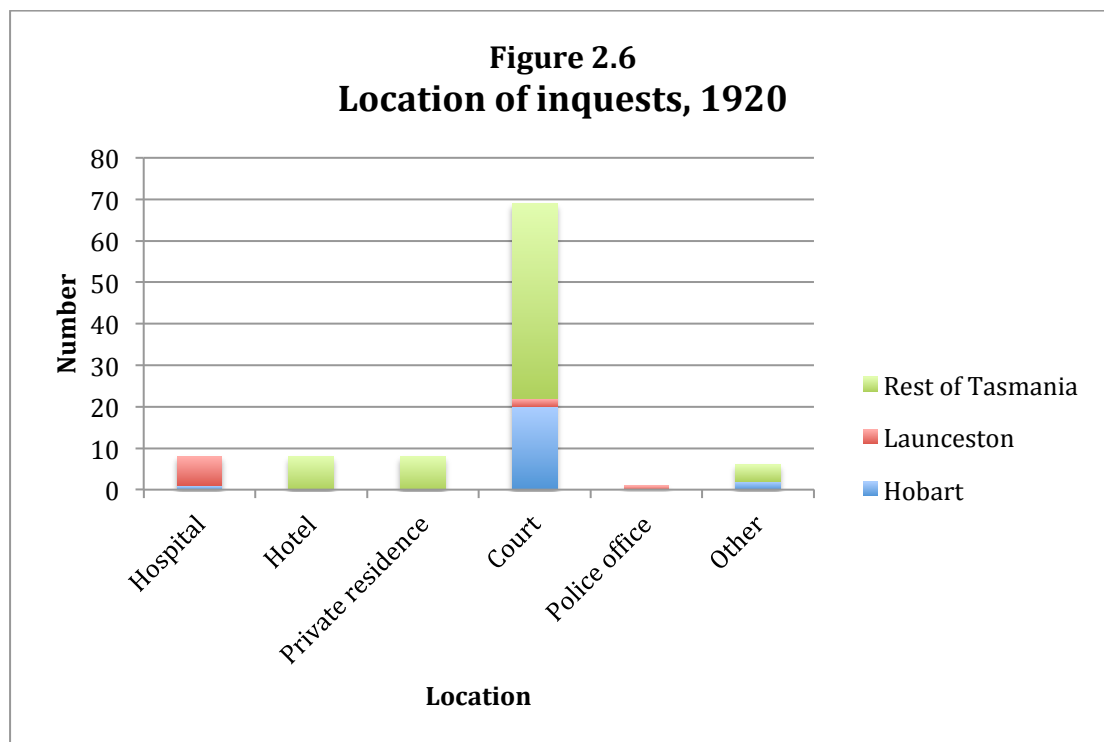
Source: Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/80
(nos. 12620-12746), TAHO.

The trend towards the use of official settings continued in 1910 (Figure 2.5). The use of hotels declined dramatically, being used in only nine per cent of proceedings. The use of courthouses, and in particular the Hobart Police Court, again increased significantly. This rise came at the expense, not only of hotels, but also of hospitals. The major reason for the decline in the use of hospitals was the passage in 1910 of amendments to the Coroners Act that, among other things, removed the requirement for the body to be viewed by either the coroner or the jury.⁴⁰ While it had made sense prior to the legislative amendment to hold an inquest near to where the body was being held (that is, the hospital), there

⁴⁰ Coroners Act 1909 (Tas), s. 8.

was no imperative after 1910 to draw upon hospital space, particularly given how under-resourced such institutions were.⁴¹

The amendment to the Coroners Act also reflects the increasing faith society had in the medical profession, and demonstrates the public were generally comfortable to accept the testimony of doctors without question. This was a significant change in itself that will be discussed in more detail below. Somewhat paradoxically, therefore, the growing dominance of the medical profession actually contributed to a decline in the use of hospital space for the conducting of coronial inquests, and the securing of the process firmly within a legal setting.



Source: Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/86
(nos. 14221-14320), TAHO.

⁴¹ Ralph W. Gowlland, *Troubled Asylum : The History of The ... Royal Derwent Hospital* (New Norfolk, 1981). It is unlikely the identities of the coroners had much influence on this shift. While both Hobart coroners (i.e. those who presided over inquests held in courtrooms) had legal backgrounds, and thus may have been more comfortable in a court setting, so did their predecessors, who did not use those facilities so frequently.

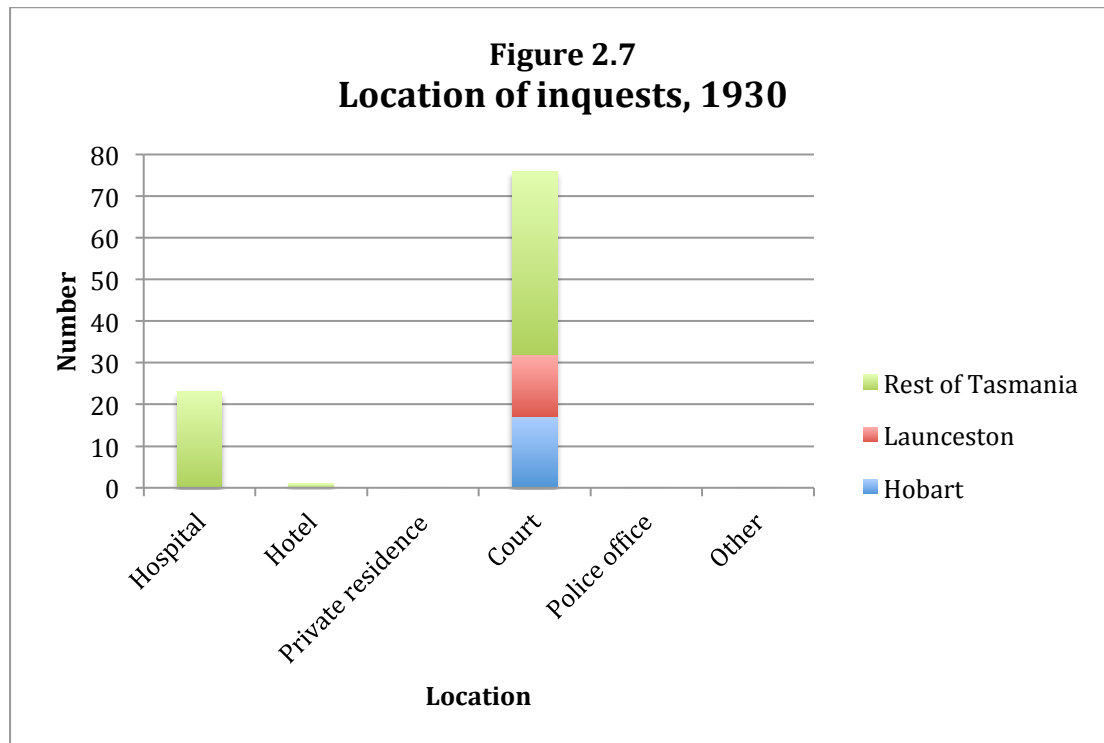
By 1920 private residences were also only infrequently used, even in rural areas, and the inquest return forms mentioned above were changed to reflect the shift away from the use of hotels or other privately owned buildings. Police offices ceased being used, and courthouses across Tasmania took on most of the additional load these shifts created. By this time, dedicated court facilities had been constructed in minor population centres, such as Penguin, Lilydale, Smithton, Sheffield, Gormanston, Orford, Waratah, Scottsdale, Oatlands and Wynyard. Using these facilities was probably also made easier by the fact that motorcars had become more widely available by 1920, meaning travel from nearby rural areas was much less time consuming.⁴² There do not appear to have been any obvious consequences of this for the ability of family members and witnesses to provide testimony. Inquests were only held in private residences in the most remote areas, which included Beulah, on the foothills of Mt Roland, and Barrington, which borders a locality named Nowhere Else.

The use of hospital facilities continued to be limited to inquests held in Launceston, which had not followed the lead of either Hobart or the remainder of the state in shifting towards the use of legal facilities. The reason for this was that, following numerous complaints from both coroners and jury members about the state of the Launceston morgue, the building was condemned and in 1899 the Attorney-General ordered the hospital to be used instead.⁴³ Though this arrangement caused considerable disquiet, most notably from coroner Ernest Whitfeld, there was little alternative given the inability or unwillingness of the

⁴² Allen Wilson, 'Roads,' in Alison Alexander ed., *The Companion to Tasmanian History* (Hobart, 2005), p. 310.

⁴³ *Launceston Examiner*, 10 June 1899, p. 7; *Tasmanian News*, 23 October 1899, p. 4; *Launceston Examiner*, 18 November 1899, p. 7.

city to erect a new morgue facility.⁴⁴ This supports Robert Mallett's contention, noted above, about the role local economic circumstances played in tempering Progressive reforms.⁴⁵



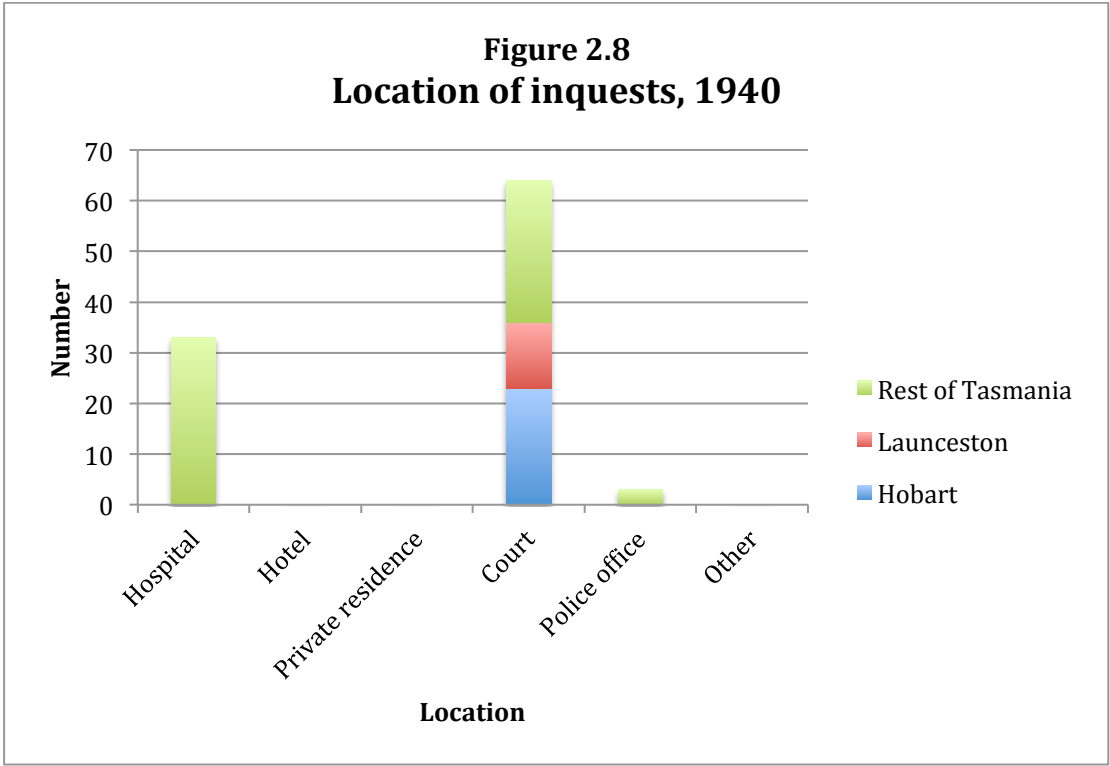
Source: Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/92 (nos. 16252a-16314), TAHO and Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/93 (nos. 16315-16369), TAHO.

In 1930, virtually all inquests of inquests were held either in courthouses or on deceased patients at the Hospital for the Insane at New Norfolk. One inquest was held at the Longford Hospital, and one was held at the St Helens Hotel. That such a large number of inquests were held at the psychiatric hospital is interesting, particularly given that patients who died at general hospitals around Tasmania did not have inquests performed in those institutions. Though I have been unable to locate any records to confirm the reason, it seems likely that it was a

⁴⁴ *Daily Telegraph*, 16 April 1907, p. 4; *Mercury*, 20 April 1907, p. 8; *Examiner*, 16 April 1907, p. 4.

⁴⁵ Mallett, "A Model among Towns?", p. 9.

practice that was adopted for convenience. Unlike in inquests on people who suffered physical injuries and later died at hospital, all of the witnesses and medical professionals who would normally be called to give evidence were located at the hospital. It is possible that inquests were held at the Hospital for the Insane at New Norfolk because of the requirement that all deaths in the institution be followed by an inquest. Many were routine and probably completed very quickly, meaning that coroners might not have believed it to have been worth the effort of arranging a separate facility and transporting the body when in other circumstances an inquest would not be held. It is therefore unlikely that the disproportionate number of inquests held at New Norfolk highlights that the deaths of psychiatric patients were treated differently from those of other Tasmanians.



Source: Findings, Depositions and Associated Papers Relating to Coroners' Inquests,
SC195/1/102 (nos. 18136-18240), TAHO.

By 1940 hotels and private residences were not used at all. Inquests in the most remote areas were by this time held in police offices, with three such cases occurring in Ouse, Hamilton and on King Island. The only hospital that was used was the Hospital for the Insane at New Norfolk, which held one-third of the inquests in the sample. All other inquests across Tasmania were held in courthouses.

The period 1870-1940 witnessed the rise of courthouses as the chief inquest site. This rise came, to some degree, at the expense of hospitals, private residences and police offices, which for the most part had all ceased being used to conduct coronial proceedings by 1920. Most significantly, the greatest decline was in the use of public houses, which despite hosting almost seventy per cent of inquests in 1870, were rarely used from 1910.

The shift from hotels to courthouses reflects a number of key aspects of the changing nature of the inquest process. First, it demonstrates a growing professionalisation of the process. The informal communal setting of the public house was replaced with the authoritative, institutional setting of the court. Space was a key signifier of the tone of inquest hearings, and a change to this would have been felt, if perhaps often unconsciously, by families, witnesses, media and other interested observers who wished to attend inquest hearings. In terms of suicide, this shift represented a challenge to the democratic principles that underlay the institution of the inquest, in the sense that, ever so gradually, control over what constituted a suicidal death was becoming exclusively the purview of experts and professionals. Indeed, it is this that leads Olive Anderson, after quoting a passage of Arnold Bennett's 1918 novel *The Pretty Lady* in which

he describes a remade and professionalised Coroner's Court, to decry that 'there is little trace here of 'the people's court''.⁴⁶

However, public comment highlights that people were generally supportive of such a shift, and had been so from at least the beginning of the period under study. The most frequent assertion was that it was unreasonable that licensees should 'be compelled, or expected, to receive living lodgers and dead bodies'.⁴⁷ Doing so caused them 'great inconvenience', for which they received only 'whatever consolation... may be able to [be] procure[d] out of the coroner's thanks'.⁴⁸ Coroners themselves also occasionally weighed into the debate, and Ernest Whitfeld was reported as stating that 'he objected to the arrangement himself'.⁴⁹ Similarly, the idea that hosting inquest proceedings was a necessary civic duty was ridiculed by an editorial in the *Tasmanian News*, which sarcastically labelled the notion as 'the comforting assurance [of being] one of the self-sacrificing human pillars of [the] country'.⁵⁰ All of these statements reflect a prevalent belief that inquests were a function and responsibility, not of the public, but of the government. Understanding this makes sense of the incredulity evident in the statements above: just as it would be unreasonable and wildly unprofessional for the government to run any number of its bureaucratic functions from a pub, so too was it absurd that hoteliers should give over their rooms for inquest proceedings. In line with Wiebe's findings, Tasmanians expected an orderly and professional bureaucratic response to death investigation.

⁴⁶ Anderson, *Suicide in Victorian and Edwardian England* p. 259.

⁴⁷ *Mercury*, 20 April 1907, p. 8.

⁴⁸ *Tasmanian News*, 17 January 1887, p. 2.

⁴⁹ *Examiner*, 16 April 1907, p. 4.

⁵⁰ *Tasmanian News*, 17 January 1887, p. 2.

A fascinating court case that arose in 1915 encapsulates this sentiment. Arthur Lucas, licensee of the Commercial Hotel in Lovett, sparked the incident when he refused police requests to host an inquest on his premises.⁵¹ This resulted in a long argument between Lucas and the officer, Senior Constable Crosswell, during which time the summoned doctor left and the corpse remained unedifyingly on the footpath outside Lucas's hotel.⁵² Crosswell ultimately gave in and proceeded to the courthouse, where the inquest was eventually conducted.⁵³ Probably because he was seeking acquittal, at his trial Lucas did not directly state a reason why he refused the request, though his admission he offered his shed to the constable suggests he simply did not want either a body or an inquest in his hotel, and did not believe it was his responsibility to do so.⁵⁴ Significantly, he also invoked the fact the deceased had died from suicide, telling the prosecutor he 'would not put you or anyone else in my rooms dead if you had committed suicide', and suggested 'they could have put the body in one of the police cells'.⁵⁵ To judge from the rest of his testimony, this statement—labelled 'callous' by the prosecutor and rejected as irrelevant by the presiding magistrates—was probably somewhat insincere, though it does suggest he thought he might have a chance of acquittal if he made the case an issue of the morality of suicide.⁵⁶ More important is the fact that the case was one in which the state was suing an owner of a public house because he had denied them the use of his property to conduct

⁵¹ *Huon Times*, 24 March 1915, p. 2; *Daily Post*, 23 March 1915, p. 7; *Mercury*, 23 March 1915, p. 2.

⁵² *Ibid.*

⁵³ *Ibid.*

⁵⁴ *Ibid.*

⁵⁵ *Ibid.*

⁵⁶ On the insincerity of his testimony, at the end of the hearing Lucas stated that he was not at that moment in a position to pay the fine that had been imposed, and asked the court for an additional seven days to do so. When asked his opinion as to whether this should be agreed to by the Bench, the prosecutor subtly responded, 'If that statement is as truthful as his evidence, it is very true', and the court accordingly refused Lucas's request. *Mercury*, 23 March 1915, p. 2.

an inquest, and they had instead been forced to use the local courthouse. Though this is only one case, it suggests the shift away from hotels and towards professional buildings cannot simply be assumed to be a component of a broader attempt by the state and the professional classes to wrest control over the meaning of death and the results of its investigations from the public. As this case also highlights, this is particularly so with respect to suicidal deaths. It instead appears that at least some members of the public were willingly abdicating their role within the inquest process.

The timing of the decline in the use of hotels, and its context, is also worthy of comment. It will be remembered that Victoria largely abandoned public houses as the primary inquest site during the 1870s, and that, in Tasmania, Hobart had essentially completed the same transition by 1890, while Launceston followed soon after. The chronology of a similar change in Britain as a whole was more in line with the regional areas of Tasmania, though better funding and a generally more professional approach meant that London ceased using public houses in 1897.⁵⁷

Several interrelated factors help to explain why, in this instance, the Australian colonies were suggesting and shaping, rather than following, change in Britain. First, it is possible that citizens in Australia were generally less attached to the concept of the inquest system. As historian Ian Burney convincingly argues, it was only during the nineteenth century that proponents in England—particularly those connected with radical politics—began to laud its function as a ‘bulwark of English liberties’.⁵⁸ Previously, inquests had both operated and been

⁵⁷ Anderson, *Suicide in Victorian and Edwardian England*, pp. 33-4, n. 69.

⁵⁸ Burney, *Bodies of Evidence*, p. 5. For a more detailed discussion, see pp. 21-5.

seen more simply as means of investigating death, something required not because the existence of a free public demanded it, but because 'any wrongdoing... represented an affront to [royal] dominion'.⁵⁹ While in this formulation the inquest was still connected to the realisation of justice, death investigation was represented as a prerogative and responsibility of the government, which is a far cry from notions of an active and self-defensive citizenry. If a redefinition of the purpose of the inquest had occurred in Britain during the nineteenth century, it is conceivable that this went largely unobserved by Australasian colonists, particularly if one accepts Burney's argument that such redefinition was driven in large part by radical British anti-authoritarianism.⁶⁰ This being the case, reform of the inquest in Australasia would have been considerably less controversial.

Second, the incongruous fact that Britain was trailing Australasian societies in the reform of a British institution can be readily explained by the 'state experiment' thesis of Pember Reeves, discussed above. Removing public houses from the inquest process was, from this viewpoint, a means of adapting the inquest to the demands of the twentieth century. Moreover, it is clear here how the work of Wiebe and Pember Reeves can be usefully combined: the modern demands that were guiding this experiment were those same pressures for efficient, orderly, and expert-oriented bureaucratic management that Wiebe identifies.

⁵⁹ *Ibid.*, p. 25.

⁶⁰ *Ibid.*, pp. 25-6.

The abolition of juries

Another, even more critical step in the professionalisation of the inquest process occurred when, in 1909, parliament voted to abolish coronial juries, except where either the coroner or the Attorney-General thought it desirable, or where the family of the deceased requested one in writing.⁶¹ Nearly identical alterations, even to the extent that the wording of the various pieces of legislation is essentially a word-for-word copy, had already been made in Queensland in 1866, Victoria in 1903, New South Wales in 1904, and New Zealand in 1908, and would soon be implemented in Western Australia in 1920, Britain in 1926, and South Australia in 1935.⁶²

Both the imitative nature and the timing of these changes again point to the usefulness of the 'state experiment' framework of Pember Reeves. These facts also suggest that there was a high degree of policy coordination and transfer between the Australasian colonial societies. Though perhaps an unremarkable observation in itself, given their shared cultural, historical, political, governmental, and geographical circumstances, in connection with the argument of Shaun Goldfinch and Philippa Mein Smith that there was a 'rivalry among the colonies to create a "better Britain" in the South Seas', the clear evidence of imitation serves to strengthen the conclusions already drawn that locate inquest reform squarely within the 'state experiment' framework.⁶³ Indeed, it should also be seen again that this 'experiment', as the *Daily Post* itself termed it, was

⁶¹ Coroners Act 1909 (Tas), s. 3. The Act came into force on 1 January 1910.

⁶² An Act to Abolish Coroners' Juries and to Empower Justices of the Peace to Hold Inquests of Death 1866 (Qld); Coroners Act 1903 (Vic), s. 2; Coroners' Court Act 1904 (N.S.W.), s. 2; Coroners Amendment Act 1908 (N.Z.), s. 2; Coroners Act 1920 (W.A.), s. 9; Coroners Act 1935 (S.A.), s. 17; Burney, *Bodies of Evidence*; Butterworth, 'What Good Is a Coroner?'.
⁶³ Goldfinch and Mein Smith, 'Compulsory Arbitration', p. 438.

conceptualised squarely as a modernisation measure in line with Wiebe's thesis.⁶⁴ As the newspaper opined in 1909:

In the altered conditions of society there is not anything like the same necessity there once was for investigations by coroner's juries... who lacked the special training of modern offices... The coroner's jury system met the requirements of those times very well, but modifications have become necessary and have been provided for elsewhere.⁶⁵

The rationale for reforming the inquest came from the same thinking that Wiebe identifies as driving change in America; the process by which reform was achieved in Tasmania operated along the same lines as the changes described by Pember Reeves.

The eventual unanimity of Britain and the Australasian colonial societies should not obscure the fact that such changes had the potential to be extremely controversial. This was because the inquest process was a key mechanism for distributing the power inherent in the possession of processes of knowledge production—specifically knowledge of the causes and meanings of deaths—and changes to it therefore altered this power distribution. In turn, the abolition of juries transferred control over what constituted a suicidal death from the general public to coroners, medical witnesses, and through them, to the State.

Nowhere is this shift in control seen more clearly than in the verdicts that were handed down in the period that immediately followed the abolition of juries. In 1909—the final year in which juries determined the cause of death—each case of suicide was qualified with a statement that the individual concerned had been either 'temporarily insane' or 'of unsound mind' at the time of their death, with

⁶⁴ *Daily Post*, 10 August 1909, p. 4.

⁶⁵ *Ibid.*

only two exceptions.⁶⁶ The first was the case of Aubrey K., who took his life after attempting to rape a woman in her family home.⁶⁷ The second was Phillip M., who hung himself whilst in police custody for assaulting a young woman.⁶⁸ As will be discussed in more detail in Chapter 3, throughout the period 1868-1909, juries, and by extension the public in general, would generally only refrain from issuing an explanation of suicide centred on mental ill health where there was no evidence of psychological distress, or in a handful of cases where the death could be immediately linked to criminal behaviour that was perceived as particularly immoral (and even then rarely and inconsistently).⁶⁹

1910 witnessed a dramatic reversal of this longstanding pattern. Twelve individuals were determined, by coroners acting alone, to have wilfully ended their own lives, while only one death was explained as the result of mental ill health.⁷⁰ This solitary case involved a man, Richelieu R., who at the inquest was declared by his doctor to have been 'mentally unsound' for some time previously.⁷¹ The removal of juries from the inquest process had, quite clearly and immediately, changed the sort of knowledge that the process would produce, and which would therefore be reported in the press and no doubt discussed by friends, families, neighbours, and the public in general. No longer were suicidal

⁶⁶ See Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/79 (nos. 12452; 12453; 12458; 12493; 12596), TAHO.

⁶⁷ *North Western Advocate and the Emu Bay Times*, 15 March 1909, p. 4; Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/79 (no. 12440), TAHO.

⁶⁸ *Zeehan and Dundas Herald*, 18 January 1909, p. 4; *Mercury*, 16 January 1909, p. 5; Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/79 (no. 12408), TAHO.

⁶⁹ See Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/54 (no. 6961), TAHO, for a similar case involving a man who raped a child.

⁷⁰ Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/80 (no. 12696), TAHO.

⁷¹ *Ibid.*; *Mercury*, 29 July 1910, p. 5.

deaths almost invariably the product of mental ill health; overnight they had become the wilful actions of sane individuals.

As with the changes to the inquest setting, the decision to dispense with coronial juries was met with widespread public approval. Letters to newspaper editors describe the existence of juries as 'absolutely unnecessary', a 'great inconvenience', and 'annoying to the general public'.⁷² The reasons given for such descriptions were that jury service cost workers a day's wages, without compensation, that small business owners were selected whereas large business owners were not, that the same individuals were repeatedly called upon for service because of the proximity of their residence or workplace to the hospital, and also that, 'in 99 cases out of 100, the result [was] a foregone conclusion'.⁷³ It was also amusingly claimed that the changes would save many people 'the trouble of dodging the summoning officer', providing further evidence that ordinary citizens had little desire to participate in the process.⁷⁴

Newspapers themselves displayed similar views. They labelled jury service a 'waste of time' and 'inconvenient', argued that the existence of juries made the process more distressing for grieving relatives, and claimed it was an unreasonable impost upon the time of 'business people'.⁷⁵ They advocated the amendment as 'common sense', described it as 'well-considered and judicious', and noted that any perceived threat to public accountability was assuaged by the provision that allowed families, the coroner, or the Attorney-General to demand

⁷² *Mercury*, 6 November 1909, p. 11; *North Western Advocate and the Emu Bay Times*, 18 October 1907, p. 4.

⁷³ *Ibid.*; *Mercury*, 14 June 1901, p. 4; *Mercury*, 9 March 1908, p. 5; *Tasmanian News*, 28 December 1907, p. 2.

⁷⁴ *Mercury*, 6 November 1909, p. 11.

⁷⁵ *Mercury*, 6 October 1906, p. 6; *Tasmanian News*, 1 November 1906, p. 2.

the presence of a jury.⁷⁶ Indeed, even the radical left-wing paper the *Clipper* did not bemoan the decline of an institution supposedly founded on notions of democratic participation. It argued the inquest system had been co-opted to serve the interests of 'Fatman' (the capitalist class), and jury members were selected not due to their 'suitability' but because they were 'easily get-at-able'.⁷⁷ Though this viewpoint was presumably expressed with inquests into industrial accidents in mind (and is certainly not borne out by an analysis of the inquests into suicides), it is clear that there was little support across the political spectrum for the system as it then stood.⁷⁸ This is why the Member for West Devon, Sir John McCall, was able to tell the House of Assembly that the 'relief which [the bill] granted jurors could be appreciated throughout the State'.⁷⁹ Tasmanians were seemingly not bothered by the fact that the abolition of juries entailed a transfer of control over the meaning of death from the public to the government professional. Indeed, this was the whole point: conducting inquests was generally seen as the purview of the state and its officials.

There was another factor underlying support for the changes, which, though relatively minor and non-pressing, was directly connected to the investigation of suicidal deaths: disquiet over 'temporary insanity' verdicts.⁸⁰ Openly disparaged as a concept belonging only to 'laymen', those who believed that a legalistic

⁷⁶ *Daily Post*, 3 November 1909, p. 7; *Tasmanian News*, 14 September 1909, p. 2; *North Western Advocate and the Emu Bay Times*, 15 September 1909, p. 4; *North Western Advocate and the Emu Bay Times*, 20 September 1906, p. 2; *Mercury*, 6 October 1906, p. 6.

⁷⁷ *Clipper*, 23 December 1899, p. 3. See also *Clipper*, 11 January 1902, p. 2; *Clipper*, 5 March 1904, p. 3; *Clipper*, 18 February 1905, p. 6.

⁷⁸ For an example of a case where the jury openly defied the wishes of the coroner, see Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/76 (no. 11836), TAH0; *Examiner*, 13 June 1905, p. 7; *North Western Advocate and the Emu Bay Times*, 12 June 1905, p. 2.

⁷⁹ *Mercury*, 6 October 1906, p. 6.

⁸⁰ The concept of 'temporary insanity', which was central to popular understandings of suicide, will be examined in more detail in Chapter 3.

process such as the inquest should be required to produce ‘a true verdict in accordance with the evidence’ were dismayed by the verdict’s nebulous and ultimately unverifiable nature, and placed the blame for this squarely at the feet of coronial juries.⁸¹ Thus, if ‘temporary insanity’ was both an undesirable explanation for suicide and the product of popular beliefs, then the simplest way to remedy the perceived problem was to redesign the inquest system so that popular beliefs had no influence. Though the *Examiner* wrote that ‘the ‘temporary insanity’ verdict will probably disappear with the coroner’s jury’, this was somewhat of an understatement: the abolition of the coroner’s jury was also partly a deliberate assault on the prevalence of ‘temporary insanity’ verdicts.⁸² The desire to bureaucratised the inquest system by changing it in such a way that, it was believed, would improve the evidentiary basis of decisions cohered neatly with the thrust of other Progressive reforms.

Coroners and their influence

Individual coroners exercised a considerable degree of influence over the outcomes produced by the inquest system. Coroners determined how their inquests would be run, and did not have a strict procedure they were required to follow.⁸³ They were responsible for calling witnesses and for granting or denying requests from juries to obtain additional pieces of information or to speak with particular individuals. Coroners led the questioning of witnesses. As will be explored more thoroughly in Chapter 3, this meant that witness testimonies were infused with the assumptions held by coroners about suicide and mental ill

⁸¹ *Launceston Examiner*, 20 February 1894, p. 3; *Zeehan and Dundas Herald*, 24 August 1899, p. 4. See also, for example, *Launceston Examiner*, 15 May 1893, p. 7; *Mercury*, 24 May 1881, p. 3.

⁸² *Examiner*, 3 May 1910, p. 4.

⁸³ Correspondence Relating to the Making and Termination of the Appointment of Coroners, AGD16/1/1, TAHO, letter dated 26 September 1935.

health, because testimonies were compiled responses to questions rather than a stand-alone statement. Coroners were also responsible for explaining coronial law to juries. For lay people unfamiliar with inquests, the interpretations of coroners would undoubtedly have been very influential. Of course, from 1910 coroners were also solely responsible for determining the findings of the inquest process.

Coroner Alexander Riddoch was born in Scotland, and was described in his obituary as 'a staunch Presbyterian'.⁸⁴ After moving to Tasmania he operated a successful fruit-growing business.⁸⁵ He was elected as a Member of the House of Assembly for New Norfolk in 1872, and following his defeat in 1882 served in a number of important civic roles.⁸⁶ He was a Justice of the Peace, a City Auditor, an Alderman on the Hobart City Council, Chairman of the Town Board of the Glebe, a member of the Metro Drainage Board, a Marine Board warden, a member of the board of the General Hospital in Hobart, and a Commissioner for the Hospital for the Insane at New Norfolk.⁸⁷ He was appointed as a coroner in 1890, and served in this role until his death in October 1906.⁸⁸

As a coroner, forty of the forty-three inquests he held that produced a finding of suicide also qualified this verdict with a statement that the deceased had been of unsound mind at the time of their death. The three *felo de se* cases he oversaw is about a quarter of what would be expected given averages across the state, a discrepancy compounded by the fact that each of the three *felo de se* cases were in some way atypical. One involved a man who was described by multiple

⁸⁴ *Mercury*, 12 October 1906, p. 6.

⁸⁵ *Ibid.*

⁸⁶ *Ibid.*

⁸⁷ *Ibid.* See also *Mercury*, 28 February 1894, p. 2.

⁸⁸ *Mercury*, 12 October 1906, p. 6.

witnesses as not suffering from depression or any other mental illness, another a man who could not be identified (and for whom therefore there were no witnesses regarding his mental state), and the third was the case of an eleven year old boy whose foster mother was blamed by the jury for his death.⁸⁹

Whether Riddoch's propensity to see mental ill health in suicidal deaths was the product of his Presbyterianism (a religion that generally advanced moderate views about suicide), his 'lovable' nature, his experience as a Commissioner at the Hospital for the Insane, or some other reason, is impossible to say for sure.⁹⁰ However, his approach was clearly different to that of the accountant, utilitarian ex-Mayor, and sanitary reformer Thomas Bennison, who oversaw verdicts of *felo de se* in approximately thirty per cent of all his inquests into suicidal deaths prior to 1910.⁹¹ This figure, already above the statewide average by about one-fifth, was almost certainly lowered by the fact that forty per cent of the cases in which an unsound mind verdict was delivered involved people who were or had been patients at the Hospital for the Insane at New Norfolk.

After 1910, when juries were no longer summoned, Bennison's inquests are even more remarkable. Thirteen of the fourteen inquests involving suicide he oversaw before his death in 1921 did not include a qualification that the deceased had

⁸⁹ Inquest Files, AGD20/1/12 (no. 9429), TAHO; Inquest Files, AGD20/1/8 (no. 8494); Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/73 (no. 11148); *Mercury*, 28 January 1900, p. 3. Child suicides were treated quite differently to adult suicides, and this will be discussed in more detail in the following chapter.

⁹⁰ Amy Burdette, Terrence Hill and Benjamin Moulton, 'Religion and Attitudes toward Physician-Assisted Suicide and Terminal Palliative Care', *Journal for the Scientific Study of Religion*, 44, no. 1 (2005), pp. 82-3.

⁹¹ Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/78 (no. 12315), TAHO; *Zeehan and Dundas Herald*, 27 April 1909, p. 2; Inquest Files, AGD20/1/11 (no. 9038, TAHO; Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/77 (no. 12052), TAHO; Inquest Files, AGD20/1/13 (no. 9673), TAHO; Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/71 (no. 10661), TAHO; Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/75 (no. 11585), TAHO.

been of unsound mind. The one case in which such a verdict was delivered involved a woman who had a long history of psychosis.⁹² This ratio is almost the exact inverse of the verdicts delivered by Alexander Riddoch's juries, which suggests that they were each bringing very different ideas about suicide and what constituted mental ill health to their decision-making. It seems that Bennison adhered to a more legalistic view, in which insanity was the inability to determine right from wrong, and juries, particularly when under the direction of Alexander Riddoch, were more willing to find evidence of insanity in more minor psychological imbalances.

Bennison's apparent strictness was not simply a product of the abolition of juries. Crosby Gilmore, a lawyer who also served in Parliament and on the Hobart City Council, was known during his time as a police magistrate for his 'humane outlook'.⁹³ Not once during his time as coroner, from 1901 until his death in 1937, did he hand down a verdict of wilful suicide. The attitudes and assumptions of coroners thus had a great influence over the outcomes of the inquest process. As we have seen in Chapter 1, inquest verdicts had social and material consequences for the families of people who had died from suicide.

It will be remembered that one of the arguments offered in favour of abolishing juries was that their tendency to return insanity findings meant their verdicts were often irreconcilable with the evidence. Ironically, therefore, their abolition had the opposite effect to that intended: inquests became more unpredictable

⁹² Findings, Depositions and Associated Papers Relating to Coroners Inquests, SC195/1/86 (no. 14332), TAHO; *Mercury*, 20 September 1920, p. 4.

⁹³ Stefan Petrow and Alison Alexander, *Growing with Strength: A History of the Hobart City Council 1846-2000* (Hobart, 2008), p. 310.

without juries. Though not commented on at the time, the Progressive faith in the wisdom of professionals was not repaid.

The role of medical professionals

The final change to coronial proceedings that occurred between 1868 and 1943 was the way in which the process relied upon medical evidence. Throughout the entire period, inquests in Tasmania into suspected suicidal deaths relied heavily upon doctors attending as witnesses. For their testimony, and in contrast to any other group of witnesses, doctors were paid one guinea, as well as one shilling for every mile, beyond the first ten, they were required to travel in order to attend.⁹⁴ They were also paid two guineas for conducting post-mortem examinations.⁹⁵ Moreover, and again in contrast to the evidence that was given by families, friends, and lay observers, I have only found evidence of one verdict that contradicted testimony provided by medical witnesses.⁹⁶ This was the inquest mentioned in the previous chapter in which I speculated that the presence of a lawyer for a life insurance company might have influenced the jury. Much more common was for juries to defer completely to the doctor, adding the phrase 'in accordance with the medical testimony' at the end of their verdict.⁹⁷ Likewise, and somewhat bizarrely, it was also commonplace for coroners to

⁹⁴ Coroners Act 1873 (Tas), s. 23. This travel allowance was increased to two shillings in s. 43 of the amended Coroners Act of 1913.

⁹⁵ *Ibid.*

⁹⁶ As noted in the Introduction, the full inquest files are (mostly) only available for this region. While in most cases it is possible to reconstruct the content of inquest proceedings from newspaper reports, not every case is reported in enough detail to make a claim as strong as this for the whole state. Of those where the newspaper reports are probably sufficient, however, there likewise were no cases where the verdict contradicted the medical evidence. For examples, among many, of where the testimony of friends, family and others was overridden by other evidence, see Inquest Files, AGD20/1/6 (nos. 8016, 8161), TAHO.

⁹⁷ See, for example, Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/70 (no. 10372), TAHO; Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/71 (nos. 10486, 10543, 10562), TAHO.

allow medical witnesses to record their own depositions. This in turn meant their evidence could not be challenged in the same way as that of other witnesses, and nor was it probed for the purpose of possibly eliciting extra information.⁹⁸ It should therefore be recognised that the evidence given by medical practitioners was valued by the State, through its payments, by coroners, through their deference, and by the public, through their verdicts, as being more important than any other testimony. Medical practitioners accordingly held enormous sway over the results of inquests.

This control increased further through the rapid increase in the use of post-mortem examinations. Prior to 1897, not a single case of suicide in the greater Hobart region had been decided with the assistance of a post-mortem examination; after 1906 there was only one case in which a post-mortem was not conducted.⁹⁹ This was significant because where previously medical witnesses did not always comment directly on the cause of death, after 1906 they invariably did.¹⁰⁰ Given the near-universal extent to which coroners and juries deferred to medical evidence, this in turn meant that medical professionals were in practice exclusively entrusted with determining the cause of death, and through this, had significant influence over whether or not a death would be classified as a suicide.¹⁰¹ Changes to the Coroners Act in 1909 codified this practice in law by removing altogether the requirement that coroners or juries

⁹⁸ See files contained in Miscellaneous Papers Relating to Coronal Inquests, AGD22/1/1, TAHO.

⁹⁹ The one case referred to here, in 1912, involved an individual who shot himself in the chest with witnesses nearby. He was then taken to the Hobart General Hospital for surgery. There was accordingly very little doubt surrounding the cause of death. Inquest Files, AGD20/1/14 (no. 13295), TAHO.

¹⁰⁰ For examples of inquests where medical testimony does not seek to independently evaluate the cause of death, see Inquest Files, AGD20/1/13 (no. 9638), TAHO; Inquest Files, AGD20/1/14 (no. 9811), TAHO; Inquest Files, AGD20/1/10 (no. 8810), TAHO.

¹⁰¹ This was not necessarily through positively declaring that a death was the result of suicide, but also often through ruling out other explanations for the death.

also conduct a brief examination of the body themselves.¹⁰² This demonstrates once again that the inquest process was becoming increasingly expert-driven, and that changes to it should be understood in the terms outlined in Wiebe's thesis.

Comparisons with the UK are complicated by the fact that available statistics are generally either incomplete for the period under study here, or relate only to a select number of jurisdictions. That said, Anderson has estimated that on average the eight busiest London coroners requested post mortem examinations in approximately seventy per cent of cases held between 1903 and 1907, and notes that this number was significantly lower in country areas.¹⁰³ This is borne out by the analysis of Jennings and Barraclough, who suggest that in 1920, across the whole of England and Wales, autopsies were conducted in about one-third of all cases.¹⁰⁴ Though figures are not available before this point, the trend after 1920 suggests that the use of such examinations was rapidly increasing and was therefore likely to have been significantly lower in earlier years.¹⁰⁵ Regardless, it would appear that the greater Hobart region, if not Tasmania, was leading Britain in the incorporation of post mortem analyses into the inquest process.

Victoria was similar to Britain in terms of its utilisation of post mortem examinations. Between 1861 and 1921, autopsies were conducted in around thirty-five per cent of suicide cases, though this figure rose to about fifty per cent

¹⁰² Though a minor concern, there is also some hint that some jurors did not feel overly comfortable with viewing dead bodies. See, for example, *Tasmanian News*, 1 November 1906, p. 2.

¹⁰³ Anderson, *Suicide in Victorian and Edwardian England*, p. 27.

¹⁰⁴ C. Jennings and B. Barraclough, 'Legal and Administrative Influences on the English Suicide Rate since 1900', *Psychological Medicine*, 10 (1980), p. 414.

¹⁰⁵ *Ibid.*

in 1911 before falling off again.¹⁰⁶ As with England and Wales, post-mortems were also more frequently performed in the larger city areas, with the figure rising to around sixty-five per cent in 1911 for suicide inquests held at the Melbourne morgue.¹⁰⁷ General medical testimony, whether inclusive of an autopsy report or not, was provided at approximately sixty-five per cent of all suicide inquests.¹⁰⁸ These figures are comparatively low not because Victoria was necessarily slower to incorporate autopsies into the inquest system, but because it was faster at appointing medically trained individuals to the position of coroner.¹⁰⁹ There was accordingly less need in Victoria for outside medical practitioners to interpret physical evidence. Once again, it should be seen that the Australian states were leading the way in the reform of the inquest system.

Conclusion

As the primary institutional vehicle for the discovery, determination, and dissemination of information surrounding suicidal deaths, it is critical to understand the workings of the inquest process in order to make sense of the knowledge it produced. As this chapter has demonstrated, through the period 1868-1943 inquests in Tasmania became increasingly expert-oriented, largely at the expense of the input of everyday citizens. This, in turn, fundamentally changed the purpose and results of coronial inquiries. Such a development coheres with the findings of both William Pember Reeves and Robert Wiebe, in that bureaucratic professionalism was replacing older community-centred approaches, and was occurring in the Australasian colonial societies ahead of

¹⁰⁶Cooke, 'Secret Sorrows', p. 185.

¹⁰⁷ *Ibid.*

¹⁰⁸ *Ibid.*

¹⁰⁹ *Ibid.*, p. 59.

similar developments in Britain. This chapter has also sought to demonstrate how these two theses can and should be usefully combined in order to explain the changing nature of the inquest system in Tasmania. The relevance of this framework is shown by the fact that these changes for the most part ensured the happy coincidence of the interests of all parties. Broad agreement would be expected where such changes were the result of deeper social shifts such as the growing bureaucratisation outlined by Wiebe. Medical and legal men were given greater control over the process and its findings, hoteliers were no longer required to accommodate coronial hearings, and the public were spared the inconvenience of participating in a process that they believed at any rate should be run by the government. In short, the changing nature of inquests highlights that dying by suicide was becoming less of a moral, community concern, and was instead increasingly being seen as a medical and bureaucratic issue to be dealt with by experts.

As the chapter has also argued, individuals and their decision-making exercised considerable control over the outcomes of the inquest process. Coroners such as Thomas Bennison understood 'insanity' in a legalistic sense, and this had potentially harmful material and social consequences for surviving families whose deceased relatives were denied the shelter of an 'unsound mind' verdict. As Tasmania's inquest system became increasingly professionalised, so too did control over outcomes become increasingly concentrated in the hands of individual coroners.

Chapter 3: Inquest Findings

Inquest records reveal much about Tasmanian attitudes and responses to suicide. Quite literally, inquests involved members of the community coming together to explain how a death had occurred. Understanding what led juries (and after 1910, coroners) to return certain verdicts is central to grasping how Tasmanian society explained, and therefore understood, suicidal death. Inquests were also the vehicle for ‘prosecuting’ suicide, at least until its abolition as an offence in 1914. This means, in addition to making factual determinations about the cause of death, inquest juries and coroners were essentially determining whether or not a person was guilty of a crime (albeit from 1873 one with no legal penalties). In cases where the act of self-inflicted death was established, ‘conviction’ or ‘exoneration’ at law generally depended upon the jury or coroner’s judgement as to the sanity or otherwise of the deceased at the time of their suicide. Accordingly, an examination of the circumstances in which either ‘suicide’ or ‘unsound mind’ verdicts were decided upon can potentially reveal a significant amount about the moral stances Tasmanians felt willing to impose upon the dead, as well as beliefs about the link between mental ill health and suicide. Witness testimonies also often provide key details about the days and months leading up to a suicide. They show how families and friends responded to suicidal behaviour or signs of mental ill health, as well as whether they sought medical or other support options.¹ In short, inquest records are an excellent means of interrogating both common sense and professional attitudes and responses to suicide.

¹ A good example can be found in Inquest Files, AGD20/1/14 (no. 9791), Tasmanian Archive and Heritage Office (hereafter TAHO).

The chapter is structured around the three main types of verdicts that were brought down by juries and coroners: 'unsound mind' verdicts; 'suicide' or *felo de se* verdicts; and 'balance of mind disturbed' verdicts. A brief discussion of 'open' and 'accidental death' verdicts is also included. One problem with the inquest records is that there were no restrictions on the verdicts that juries and coroners could hand down, and so the verdicts that were returned sometimes varied considerably in their form.² This means their precise meaning is not always totally apparent, which can be problematic when trying to determine what factual determinations juries and coroners were making. It also provides a challenge when trying to elicit what moral judgements, if any, were being imposed upon the deceased. Some remarks justifying the chapter's interpretation of the various verdicts are therefore necessary.

The first category, 'unsound mind' verdicts, determined the inquest subject was not in their right mind at the time of their death. Such verdicts were generally delivered through a variation of one of two phrases: that the deceased had been 'suffering from a fit of temporary insanity', or that the deceased had died from 'suicide whilst of unsound mind'. Intuitively, it would seem likely the former indicated a sudden and unexpected attack of insanity, while the latter carried connotations of more prolonged mental ill health. While some cases do fit with such a schema, there are just as many other cases that do not. Alexander R., for example, was described at his inquest as having been 'deranged for some time past', yet was found to have died 'from a self-inflicted gunshot wound whilst

² Some guidance is given in R. H. Mathews, *Handbook to Magisterial Inquiries and Coroners' Inquests in New South Wales* (Sydney, 1890), pp. 35-7, 96-7. However, this applied to New South Wales, which abolished the verdict of *felo de se* in 1876, and did not outline the implications of each verdict.

suffering from temporary insanity'.³ Further demonstrating the interchangeability of the two phrases, the *Examiner's* report of this case stated the 'jury returned a verdict of suicide whilst of unsound mind'.⁴ What follows will therefore treat the two phrases as essentially expressing the same idea: that in some way, the deceased individual was not wholly in control of their actions at the time of their death.

In formulating the second category—'suicide' or *felo de se* verdicts—I have found it necessary to depart from the classification system employed by Simon Cooke in his study of suicide in Victoria. Cooke has suggested verdicts such as 'died from a gunshot wound, self-inflicted' and 'strychnine poisoning, self-administered' should be categorised as 'intent not stated' verdicts—that is, neither as condemnatory as a verdict such as 'did feloniously kill and slay himself', nor as exculpatory as a verdict such as 'hanging whilst temporarily insane'—because they failed to state directly whether the act was intentional and so left open the possibility that death was the result of an accident.⁵

I believe this to be untrue of the Tasmanian files in the period 1868-1943. There were a large number of other verdicts that, while failing to state whether the act was deliberate, were very clear in their meaning. Examples include 'death by her own hands by drowning' and 'death by hanging to a tree, evidently his own act'.⁶ Like the 'intent not stated' examples above, these verdicts all determined the victims died from the results of their own actions, but did not explicitly provide

³ Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/76 (no. 11730), TAHO; *Examiner*, 25 August 1904, p. 6.

⁴ *Examiner*, 25 August 1904, p. 6.

⁵ Simon Cooke, 'Secret Sorrows: A Social History of Suicide in Victoria, 1841-1921' (Unpublished PhD thesis, University of Melbourne, 1998), pp. 121, 142-7.

⁶ Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/78 (no. 12263), TAHO; Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/73 (no. 11067), TAHO.

judgement on whether the deceased had intended this to be the case. It would seem to be a fundamental misreading of this second group of verdicts to assert that they left open the possibility of an accident, and so it would seem to be erroneous in the case of the ‘intent not stated’ verdicts as well.

Second, the form of the ‘intent not stated’ verdicts noted above mirrors other verdicts that have a more explicit assumption of wilfulness, such as ‘death by strangulation, self-inflicted’, and ‘did die from wounds in the throat, self-inflicted’.⁷ Again, it is difficult to see how these verdicts could leave open the possibility of accident, and given they read identically to Cooke’s ‘intent not stated’ verdicts, it would seem to be a mistake to require a statement of positive intention.

Third, if coroners or juries wanted to produce a verdict that was unclear as to whether a death was intentional or accidental—whether for legal or reputational reasons—they would do so more explicitly. For example, there were verdicts such as ‘the deceased... came by his death... through a gun shot wound by his own act, but the evidence does not show whether accidental or intentional’.⁸ This shows clearly that if juries or coroners were of a mind to be either ambiguous or lenient then they had much clearer ways of being so.

This leads to a related fourth point, which is that such ‘intent not stated’ verdicts were reported by the press as being verdicts of suicide. For example, the jury at the 1907 inquest of Derwent C. returned a verdict that he ‘came to his death by a

⁷ Findings, Depositions and Associated Papers Relating to Coroners’ Inquests, SC195/1/74 (no. 11453), TAHO; Findings, Depositions and Associated Papers Relating to Coroners’ Inquests, SC195/1/78 (no. 12235), TAHO.

⁸ Findings, Depositions and Associated Papers Relating to Coroners’ Inquests, SC195/1/80 (no. 12757), TAHO.

gun shot wound self-inflicted'.⁹ The report of the inquest in the *Examiner* came under the headline, capitalised and in bold print, 'VERDICT OF SUICIDE RETURNED'.¹⁰ Likewise, the jury at the 1902 inquest for Ethel P. found she died from 'Carbolic acid poisoning from poison self-administered'.¹¹ Again, this was reported under the headline of 'A VERDICT OF SUICIDE'.¹² This suggests that such findings, identical to those suggested by Cooke as being 'intent not stated' verdicts, were understood in the Tasmanian community as being judgements of wilful suicide.

Families also viewed these verdicts in a similar way. In 1922 the coroner at the inquest of John T. found he 'died of his own act by gunshot wound': a verdict which, like the 'intent not stated' verdicts, did not explicitly declare the act to have been performed with the intention of causing suicidal death.¹³ However, his family's lawyer subsequently wrote to the Attorney-General to ask that another inquest be held, and offered to pay for the cost of doing so.¹⁴ He argued there was insufficient evidence presented for such a verdict, there were no personal circumstances that pointed to suicide, and several scenarios could plausibly account for his death as an accident. Even more significantly, he alleged that at the inquest the coroner had been about to bring down a verdict that 'deceased's death came by gunshot: that there was no evidence to say whether it was accidental or otherwise', before the medical witness intervened to remind him of

⁹ Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/77 (no. 12146), TAHO.

¹⁰ *Examiner*, 22 August 1907, p.6.

¹¹ Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/75 (no. 11477), TAHO.

¹² *North Western Advocate and Emu Bay Times*, 25 August 1902, p. 3.

¹³ Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/87 (no. 14505), TAHO.

¹⁴ Miscellaneous Papers Relating to Coronal Inquests, AGD22/1/1 (file no. 62/1/22), TAHO.

something he had said earlier, and only then did the coroner bring down what Cooke would categorise as an 'intent not stated' verdict. Clearly, the family, their lawyer, and the coroner all recognised that the two possible verdicts conveyed a different judgement, and that the final verdict, that John T. 'died of his own act by gunshot wound', was a verdict of suicide, and not an 'intent not stated' verdict. The suggestion by the family's lawyer that such a verdict meant 'that a serious wrong has been done to the reputation of the deceased and incidentally to that of his widow and relatives' can only make sense if this was a verdict of wilful suicide.

The same is true of life assurance companies, which often had clauses in their policies that voided payments in the event of suicide. These clauses did not apply only to verdicts of *felo de se*, but to all verdicts of self-inflicted death where the deceased was not judged to have been insane.¹⁵ Likewise for the Church of England, which would in theory only allow clergymen to read the Burial Service over the bodies of suicides who had been positively adjudged to have been insane.¹⁶ In both cases, sanity, not a positive statement of intent, was the issue.

Perhaps most crucially of all, the interchangeability of the two verdicts was reflected in the regulations attached to the Coroners Act of 1913. These provided *pro forma* judgements for coroners. The four options available to coroners in cases of self-inflicted death were accidental death: 'That the said A.B. accidentally came to his death, and not otherwise'; an open verdict: 'But that I am [or they the said jurors are] unable to say how or in what manner the deceased came by his

¹⁵ See *Ballantyne vs Mutual Life Assurance Company of New York* (Supreme Court of Victoria); *Launceston Examiner*, 4 June 1891, p. 2.

¹⁶ Jan Neeleman, 'Suicide as a Crime in the UK: Legal History, International Comparisons and Present Implications', *Acta Psychiatrica Scandinavica*, 94 (1996) p. 253.

death'; a verdict of suicide: 'That the said A.B. died by his own act [*stating how*]; and a verdict of suicide while of unsound mind: 'That the said A.B., not being of sound mind, died by his own act [*stating how*']'.¹⁷ Not only does this demonstrate that a positive statement of intent was not required for a verdict of suicide, but even more basically it highlights that, legally at least, there were no such things as 'intent not stated' verdicts.

Accordingly, there are few reasons to suggest 'intent not stated' verdicts were used to avoid legal sanctions, as there were better ways of doing so.¹⁸ There is also no evidence to believe these verdicts helped surviving families avoid secondary legal difficulties, such as the voiding of life assurance payouts, or to overcome any stigmatisation that may have faced from the community, as in both cases such verdicts were not understood differently to findings of wilful suicide. For these reasons the following study will place such 'intent not stated' verdicts in the same category as verdicts of wilful suicide.

The third category—'balance of mind disturbed' verdicts—emerged in the late 1930s, and was a more encompassing version of 'unsound mind' verdicts.¹⁹ The reasons for the emergence of this new verdict, and its meaning, will be assessed using the Attorney-General's correspondence records.

Taken together, these discussions will seek to answer a number of questions relating to Tasmanian attitudes and responses to suicide. What circumstances tended to produce each type of verdict? What sort of testimony made each type

¹⁷ Coroners Act 1913 (Tas), Schedule 2, Form (P).

¹⁸ Cooke, 'Secret Sorrows: A Social History of Suicide in Victoria, 1841-1921', pp. 142-6.

¹⁹ There were also six cases in which juries returned verdicts that an individual had died from suicide but that there was no evidence as to their state of mind. The meaning of these verdicts should be clear enough from the above discussion. These were verdicts where the jury found that death has been self-inflicted but could not say whether the person was 'insane'.

of verdict more likely? Did the social status of the witness make any difference? What can be learned about lay and professional understandings of suicide and suicidal behaviour from reading and analysing inquest files? Were there gender, class or other social differences in terms of either the reasons witnesses would provide to account for a particular case of suicide, or the likelihood a particular verdict would be reached? What did families and doctors try to do for people who exhibited forms of suicidal behaviour? Was morality a central concern for either juries or coroners? Is it possible to generalise about how Tasmanians understood suicide? How did all of these issues change with time?

‘Unsound mind’ verdicts

Until 1910, by far the most common verdict handed down by juries at the inquests of Tasmanians who had died by suicide was that the individual was not in their right mind at the time of their death. As will be shown, these were not verdicts that conformed to the M’Naghten Rule—which states that ‘insanity’ means the inability to determine right from wrong—but a judgement that the suicide was understandable given the existence of particular circumstances that it was believed diminished the deceased’s responsibility for their actions. This is a crucial point to be remembered throughout the following analysis. Juries were not simply looking for any reason to suggest that a person had been ‘insane’ in the sense commonly meant by it, with the intention of shielding the family of the deceased from social stigma and potential legal, burial, or financial problems. Instead, they were honestly seeking to understand why an individual acted in the way they did, and frequently they determined that a person had not been thinking clearly because of some circumstance that so affected them. The moral

ramification of this conclusion was clear: the person was to be ‘exonerated’ through an ‘unsound mind’ verdict.

Fortunately, two of the inquest files include notes made by one of the jurors, and quite probably by the jury’s foreman.²⁰ These rare pieces of evidence show the questions the juries in the two cases sought answers for, as well as the verdicts they considered. Though unfortunately both files are from 1889 and pertain to suicides of men of similar ages, they do give us some idea of the sorts of questions juries would ask. The two inquests also resulted in different verdicts—‘suicide’ and ‘unsound mind’—so the notes should also highlight any differences in process or questioning that may have been responsible for the difference, if the process or questioning, rather than the evidence, was what mattered.

In the first set of notes, jurors asked a series of general questions to determine basic information about the deceased and presumably to rule out the possibility that he had been murdered. They asked about the age of the deceased, where the body was found, by whom, who the last person to see the deceased alive was, where he lived, whether he was married, whether any items were found on or near the body, whether he had been ‘quarrelling’ with anyone, and whether there was any ‘suspicion of foul play’. More interestingly, they also asked if he was sober, if he was ‘in his right mind’, how long he had been with his employer, and whether he was ‘in embarrassed circumstances’. Alcohol, mental ill health, unemployment and poverty appear to have been their primary assumptions about the potential causes of his suicide.

²⁰ Inquest Files, AGD20/1/5 (no. 7696), TAHO; Inquest Files, AGD20/1/5 (no. 7660), TAHO.

The notes also show a draft version of an ‘unsound mind’ verdict, and what was presumably their final draft before submitting their verdict (suicide). On this copy, the words ‘not being of sound mind’ appear in the formulation, but are crossed out. This suggests the jury took seriously the task of deciding what his state of mind was, and certainly did not reflexively return an ‘unsound mind’ verdict.²¹

In the second set of notes, the questions regarding his personal information and the possibility of murder are almost identical, and therefore suggest some direction from the coroner. The jurors did not then ask about his drinking (or at least did not plan to in their notes), but did ask about his sanity and financial situation. They also asked whether he had been receiving any medical treatment, suggesting a similar belief that physical illnesses could lead to suicide.²²

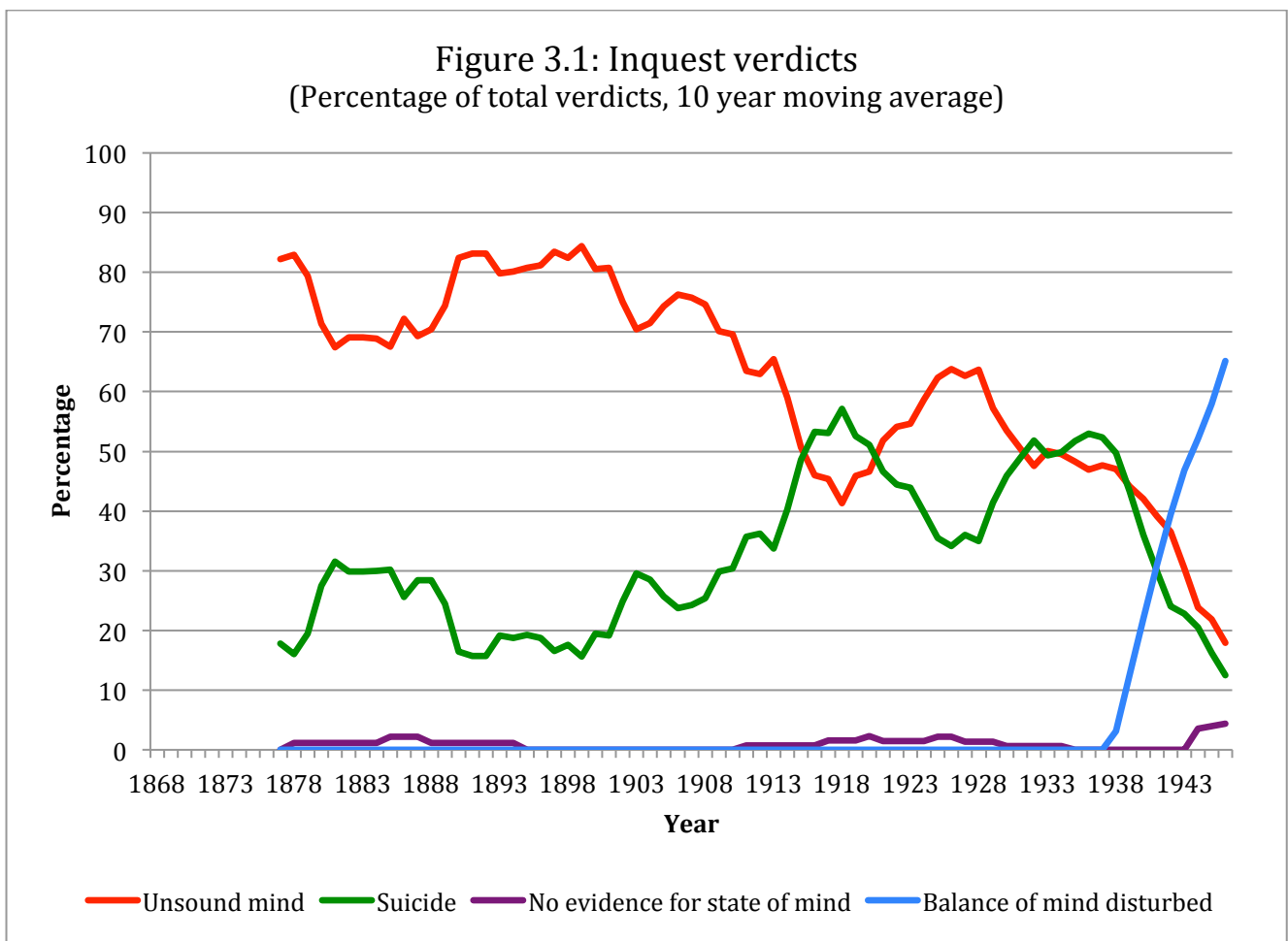
The surviving notes regarding the jury’s consideration of possible verdicts are even more extensive in this case than in the previous one. They discussed the legal and religious meaning of a ‘suicide’ verdict, noting that *felo de se* was ‘considered by English law as the most heinous description of felonious homicide’. The jurors also evidently debated whether it was even possible for a person who died from suicide to have been sane. A section of the notes states that

Felo de se Is one who commits self-murder – a notion prevail[s] that he who deliberately puts an end to his existence – he who destroys himself must be non compos, that the very act of suicide is evidence of insanity, and that no one in his senses would commit that which is contrary to reason & nature – if that was tenable it would excuse every criminal –

²¹ Inquest Files, AGD20/1/5 (no. 7696), TAHO.

²² Inquest Files, AGD20/1/5 (no 7660), TAHO.

The jury also discussed the implication of a suicide verdict for a person's burial rites, and noted past practices such as property confiscation. Again, this shows that juries carefully considered their verdicts and their legal implications. Similarly, neither set of notes contains anything to suggest that moral considerations formed part of jury deliberations, let alone that they were paramount in jury decision-making.



Source: Inquest Files, AGD20, TAHO; Findings, Deposition and Associated Papers Relating to Coroners' Inquests, SC195, TAHO.

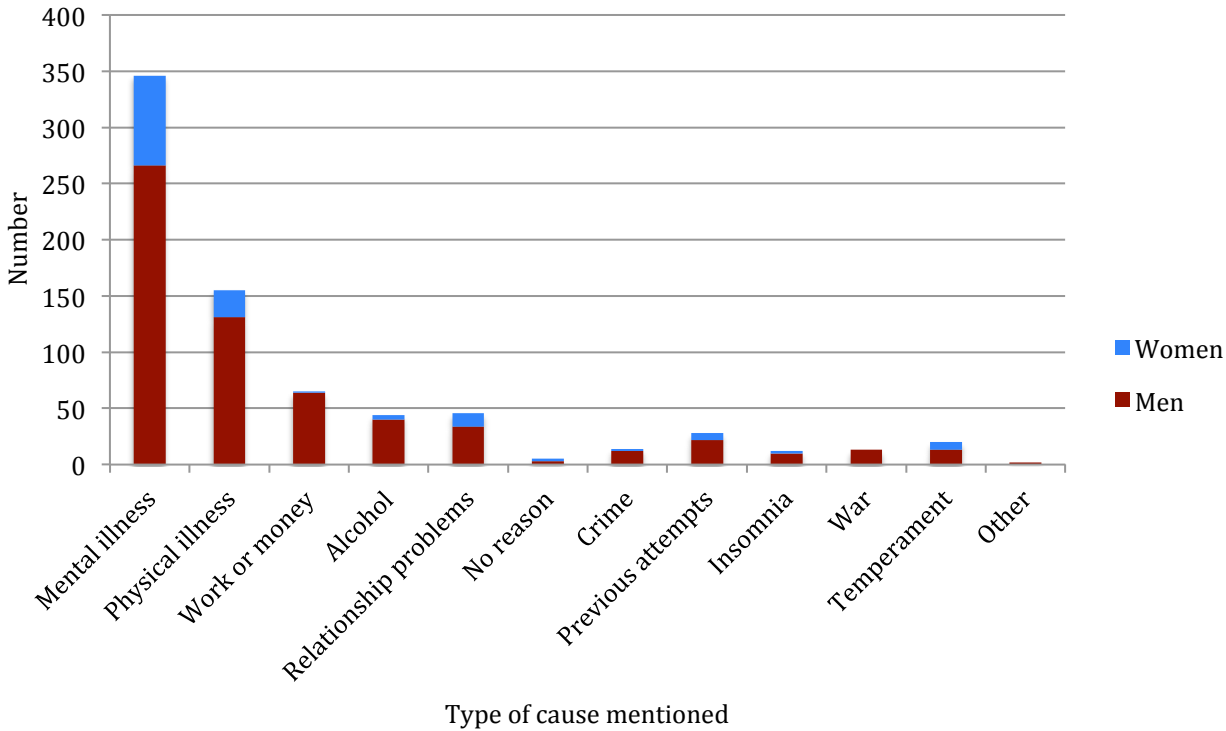
The abolition of coronial juries in 1910 heralded a significant decline in the percentage of inquests resulting in 'unsound mind' verdicts, and the reasons for this will be discussed below. Similarly, the introduction of 'balance of mind

disturbed’ verdicts had virtually eliminated ‘unsound mind’ verdicts by 1943. Nevertheless, across the entire period, ‘unsound mind’ verdicts made up almost 55 per cent of the 858 cases in which a verdict of suicide was recorded.

Mental ill health

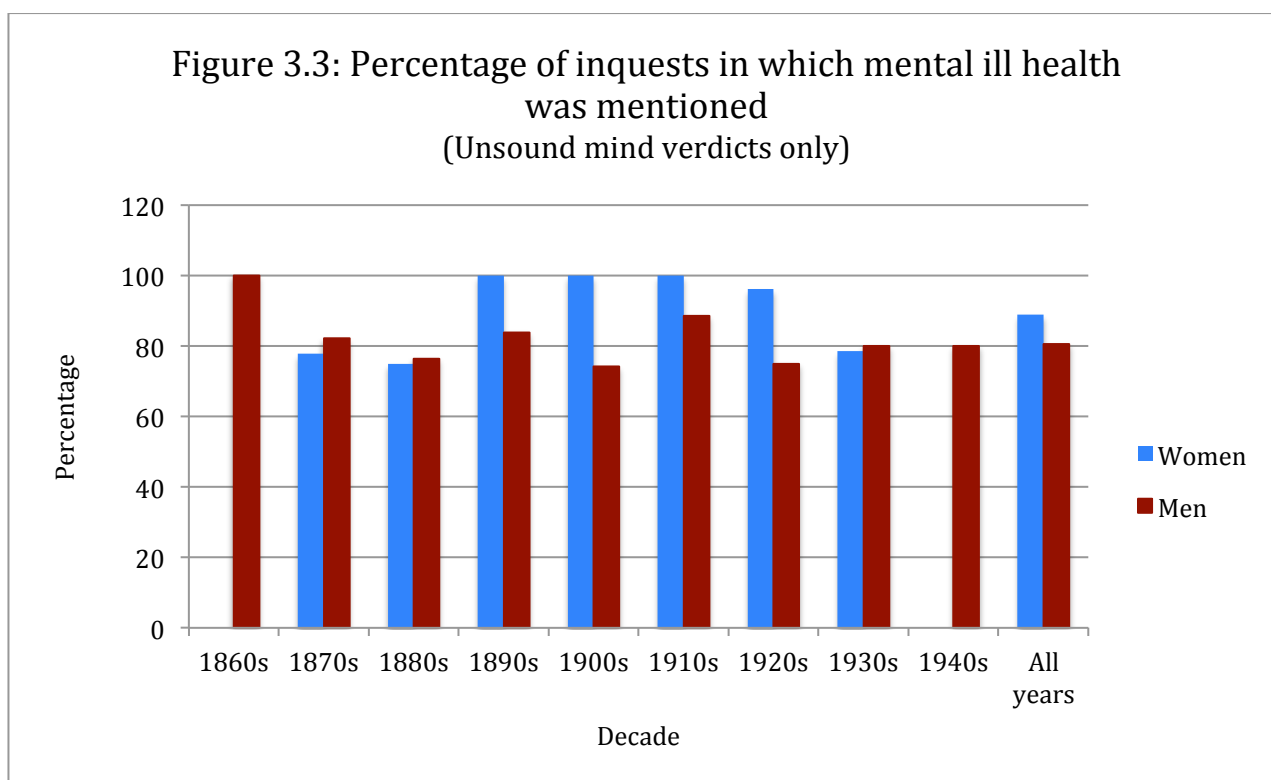
Between 1868 and 1943, 467 inquests returned an ‘unsound mind’ verdict. Of these, it has been necessary to eliminate 41 from the overall analysis because the records do not survive in a form that makes it possible to gather any detail whatsoever about the testimony given at the inquest. As Figure 3.2 demonstrates, of the 426 cases under examination here, the most common explanation of the suicide offered by witnesses was, perhaps unsurprisingly, that the deceased had been suffering some form of mental ill health. This was raised in 80.8 per cent of all cases that resulted in an ‘unsound mind’ verdict.

Figure 3.2: Causes mentioned during inquests
(Unsound mind verdicts only, by gender)



Source: Inquest Files, AGD20, TAHO; Findings, Deposition and Associated Papers Relating to Coroners' Inquests, SC195, TAHO. Supplemented with newspaper reports.

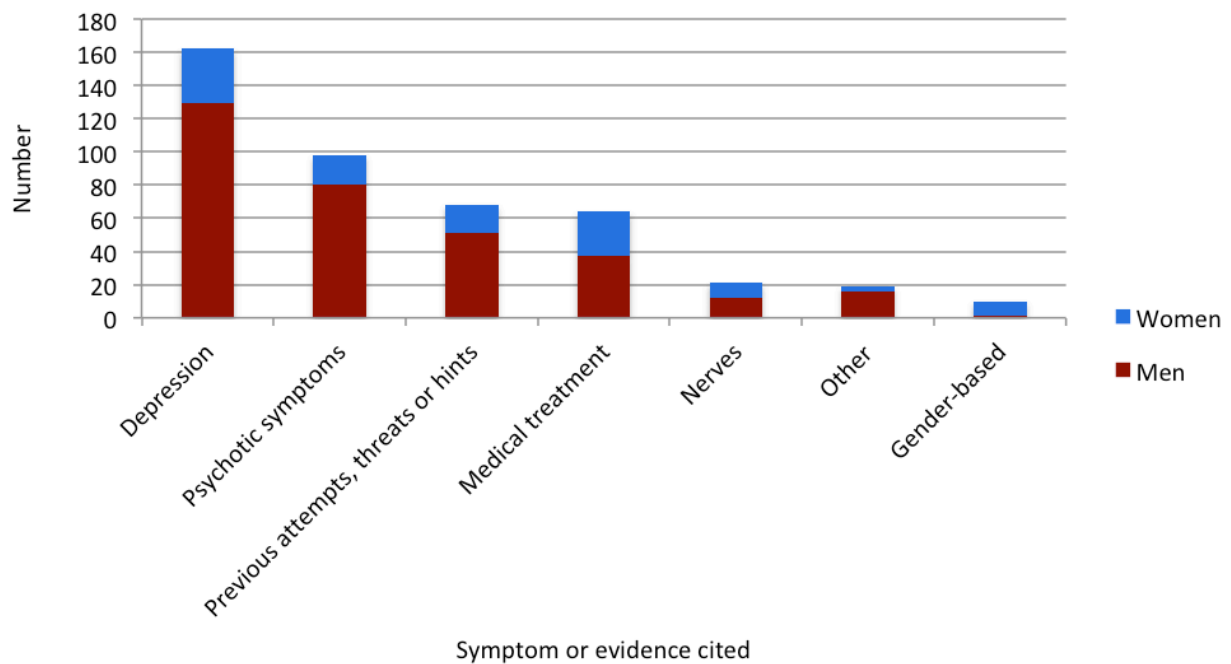
As the above graph also shows, women, as a percentage of total cases, were more than 10 per cent more likely than men to be described at their inquest as experiencing mental ill health. Mental ill health was suggested as a causal factor during 79.6 per cent of all inquests involving men that resulted in an unsound mind verdict. By contrast, 88.9 per cent of all women found to have died from suicide whilst of unsound mind were adjudged to have done so on the basis of testimony suggesting they were suffering a mental illness. This was true of every case involving women between 1890 and 1926, while the proportions for men remained relatively constant throughout the period. The figures for the 1860s and 1940s in Figure 3.3 and subsequent graphs are made up of a very small number of cases. They have been included for completeness but are virtually worthless for analytical purposes. Figure 3.1 above is unaffected because it plots all cases through a ten-year rolling average, rather than just 'unsound mind' cases from 1868-9 and 1940-3.



Source: Inquest Files, AGD20, TAHO; Findings, Deposition and Associated Papers Relating to Coroners' Inquests, SC195, TAHO. Supplemented with newspaper reports.

The reason for this disparity, as Figure 3.4 (below) shows, was that women disproportionately expressed suicidal intent to friends and family, and were significantly more likely to undergo medical treatment for psychiatric problems. Additionally, a number of diagnoses such as 'nerves' and 'hysteria' were fundamentally influenced by gender ideologies, and accordingly were not applied to men to the same extent. These will all be discussed in more detail in separate sections below. It is also worth noting that, when taking into account the average proportion of cases involving men and women, men were actually slightly more likely than women to be identified as having exhibited behaviours associated (today) with psychotic symptoms.

Figure 3.4: Symptoms perceived by witnesses in inquests resulting in 'unsound mind' verdicts



Source: Inquest Files, AGD20, TAHO; Findings, Deposition and Associated Papers Relating to Coroners' Inquests, SC195, TAHO. Supplemented with newspaper reports.

As the above chart shows, the most common symptoms identified by witnesses were indicators of depressive disorders, which were mentioned in 47.1 per cent of all inquests in which mental ill health was suggested as being responsible for the suicide. Commonly, witness testimonies would express their belief in the presence of such a condition in simple, easily intelligible terms. They would speak of 'despondency'²³, 'melancholia'²⁴, being 'tired of life'²⁵, 'depressed in spirits'²⁶, and, occasionally, of 'depression'.²⁷ Some testimonies highlighted seemingly severe symptoms, either through their use of language such as 'severe

²³ *The Tasmanian*, 4 May 1895, p. 31; *Mercury*, 16 April 1898, p. 2.

²⁴ *Daily Telegraph*, 15 December 1896, p. 3.

²⁵ *Mercury*, 16 April 1898, p. 2.

²⁶ *Mercury*, 2 November 1895, p. 3.

²⁷ *Mercury*, 9 April 1903, p. 4; *Examiner*, 13 November 1905, p. 7.

mental depression', or through the additional details they mentioned, such as unheeded recommendations that the deceased should spend some time recovering in a hospital.²⁸ Others were less forceful, making simple statements such as 'he was just depressed and miserable'.²⁹ Most significantly, however, witnesses generally failed to provide any additional detail regarding the symptoms or behaviours of the inquest subjects.³⁰ Beyond the occasional revelation of threats or comments about suicide³¹, or rare comments about how they were unable to go to work as usual³², specific examples about the experience of depression itself generally seem to have been unnecessary in order to demonstrate or support the supposition that the deceased had been depressed. In the same way, their testimonies rarely linked depression to a particular secondary circumstance, something true of both professional and lay witnesses. From this absence of additional information, as well as the prevalence of such cases, it may be seen that Tasmanians had a clear idea of what was meant by terms such as 'despondency', 'melancholia', and 'depression', believed that depression need not have an obvious cause and could affect anyone, and, most importantly, would readily accept that depression could alter an individual's way of thinking so seriously that it could result in a suicide that would not have otherwise occurred. These people were adjudged to have been 'temporarily insane' or 'of unsound mind' because it was widely seen that their thinking was impaired by a condition beyond their control. The apparent causes of the suicide thus cohered with understandings of suicidal death (including the moral

²⁸ *The Tasmanian*, 4 May 1895, p. 31

²⁹ *Examiner*, 13 November 1905, p. 7.

³⁰ See, for example, Inquest Files, AGD20/1/14 (no. 9842), TAHO.

³¹ Inquest Files, AGD20/1/14 (no. 9791), TAHO.

³² Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/97 (no. 17265), TAHO.

acceptability of certain types of suicide), and an 'unsound mind' verdict could be returned based on what may seem to be surprisingly scant information.

In the lack of detail—or evidence—that was provided to back up such assertions about the role of depression in cases of suicide, we can also see how popular understandings of the causes of suicide, suicide's common association with sadness, and the moral acceptance of such a mode of death contributed to the very presence of such explanations. That is, it seems likely that friends and family members would find meaning and relevance in behaviour—in this instance behaviour that indicated depression—that cohered with their general understanding of what they should expect to see prior to a death by suicide. A clear example of this is the inquest that followed the death of Joseph B., who died from wounds to his throat in 1894.³³ During the hearings, only one witness mentioned the possibility that he may have been depressed, stating that although he 'never hinted that he would do away with himself... lately he had been more depressed than usual over mining'.³⁴ Witnesses suggested other possible reasons for his suicide, noting a shy personality, worries over money, and unfounded fears about trouble with an unknown man and the law.³⁵ However, the coroner summarised the case to the jury by stating that 'all the evidence went to show that the deceased inflicted the wounds himself. Witness Cox said deceased had been depressed lately, which seems to be all the evidence [required] to account for him taking his own life'.³⁶ To highlight these things is not necessarily to doubt that Joseph B. suffered from depression, nor is it

³³ Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/70 (no. 10349), TAHO; *Zeehan and Dundas Herald*, 22 January 1894, pp. 2-3.

³⁴ *Ibid.*

³⁵ *Ibid.*

³⁶ *Ibid.*

necessarily to say that a depressive disorder was not the central cause of his suicide. However, it is to note that a society and culture that strongly associated suicide with sadness and depression was more likely retrospectively to see such behaviours as relevant following a suicide (as the witness did: these behaviours were apparently not a 'hint' prior to his suicide). Tasmanian understandings of suicide also led its citizens to prioritise depressive disorders over other explanations (as the coroner did in his summary), and to accept such accounts as true without the provision of further information (as the jury did in handing down their verdict). Cultural aetiologies of suicide, which in Tasmania included a prominent role for depression, wielded a strong influence over the explanations that members of that culture would produce in specific instances.

After depressive disorders, the second most common category of mental ill health reported by witnesses was what would now be understood as psychotic symptoms, appearing in 28.4 per cent of all inquests that cited some form of mental ill health. Such an overarching term as psychosis was not used; instead phrases such as 'extremely eccentric', 'mentally deranged', 'out of his mind' and 'mentally unhinged' were found among these files. More often, witness testimony would describe associated symptoms such as hallucinations, delusions, and acutely disordered thinking, and generally in some detail. For example, the coroner and jury at the inquest of Phillip N. heard how he believed he had a mouse living inside his head that was 'nibbling at his brain'.³⁷ William M. believed he was being followed, while Dr Gibson told the inquest of Margaret S. he had

³⁷ *Mercury*, 14 October 1892, p. 2.

been treating her for hallucinations for the past six months.³⁸ While the specificity of such testimony, when contrasted with those detailing depression, would suggest that such illnesses were less immediately relatable to coroners and juries, even medical witnesses did not find it necessary to explain the connection between psychosis and suicide. Suicide was widely seen as an act generally performed by people who were not acting rationally, and so the possibility of suicide resulting from people exhibiting psychotic symptoms was an assumed part of the condition itself. Again, common understandings, morality, and apparent causality were driving one another.

As Figure 3.5 shows below, the sorts of perceived symptoms that were mentioned in cases resulting in 'unsound mind' verdicts changed significantly over time.³⁹ Depressive disorders, which had been mentioned in approximately 60 per cent of all such inquests up to 1909, fell by about half from the 1910s. In contrast, what we now interpret as psychotic symptoms had been identified in fewer than 30 per cent of all inquests resulting in 'unsound mind' verdicts in the period to 1909, whereas they were mentioned in 45 per cent of all cases in the 1910s and an astonishing 75 per cent of all cases in the five years from 1910 to 1914.

The reason for this change in classification was undoubtedly the abolition of coronial juries. It appears coroners were more likely than regular Tasmanians to

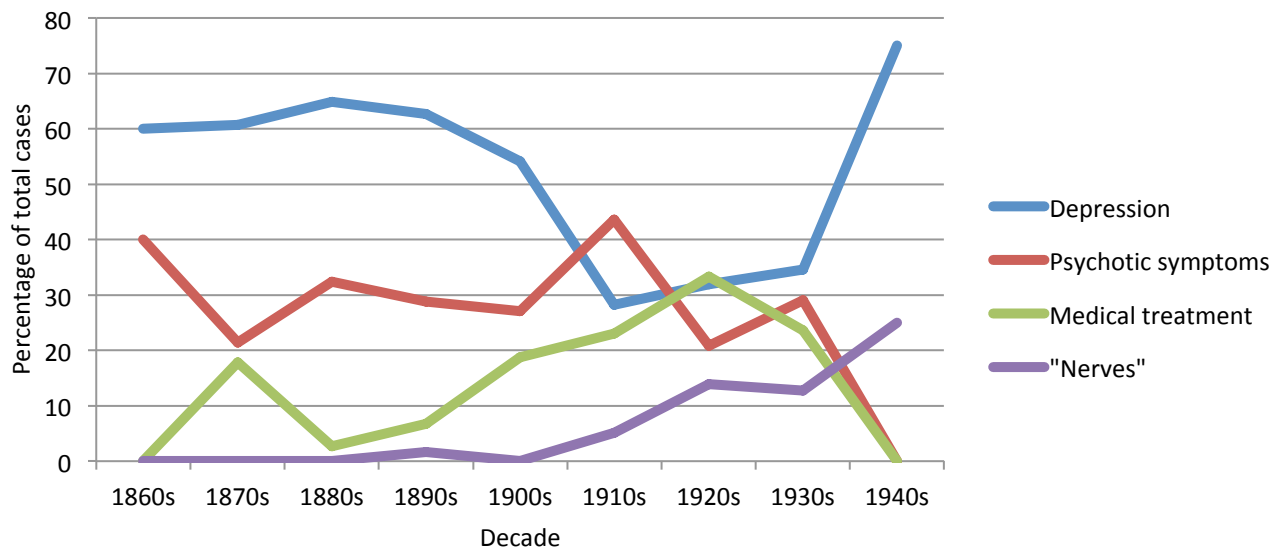
³⁸ Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/71 (no. 10696), TAHO; Inquest Files, AGD20/1/9 (no. 8677), TAHO.

³⁹ As noted above, the figures for the 1860s and the 1940s are virtually worthless for analytical purposes, being based on only 6 and 4 cases respectively, and are simply included for completeness. In the 1860s this is due to a combination of comparatively fewer suicides (being the point at which Tasmania's population was lowest, and covering a period of two years) and poor information (40 per cent of cases excluded due to absence of information), while in the 1940s the 'balance of mind disturbed' verdict had made the 'unsound mind' verdict virtually redundant. The concept of 'nerves' will be discussed in detail below.

understand insanity in a legalistic way, and to deny people with depressive disorders the sanctuary of an 'unsound mind' verdict because they believed these people were still capable of understanding right from wrong. In the two cases from 1910 to 1914 in which a depressive disorder was accepted as justifying an 'unsound mind' verdict, one was produced on the basis of professional medical testimony, and the other in the rare circumstance in which the coroner was himself a doctor. Relatedly, coroners were more likely to prioritise professional testimony. Almost 70 per cent of cases between 1910 and 1914 involved a doctor testifying to the existence of mental ill health, which was far above any other five-year period covered by this study.⁴⁰ Though this shift reversed itself to some degree in the 1920s and 1930s, the abolition of coronial juries nevertheless represented a significant and permanent change in terms of the types of testimony and witnesses that would influence an 'unsound mind' verdict.

⁴⁰ Doctors were not testifying more frequently at inquests during this period. Rather, the number of 'unsound mind' verdicts was smaller, as those without medical testimony for the most part received 'suicide' verdicts.

Figure 3.5: Symptoms perceived by witnesses, by decade



Source: Inquest Files, AGD20, TAHO; Findings, Deposition and Associated Papers Relating to Coroners' Inquests, SC195, TAHO. Supplemented with newspaper reports.

In 20.8 per cent of all cases, juries were persuaded of a deceased individual's mental ill health by testimony that highlighted threats or hints of suicidal intent. Mary K., for example, had in 1924 been undergoing treatment from her local doctor for 'mental trouble' after having 'previously threatened to take her life'.⁴¹ No other testimony was given relating to her mental health. Likewise, Christopher B.'s brother explained at his 1897 inquest that

I did not notice anything at this time strange in his manner, but on the Friday and Saturday previous I had. He has within the last month made attempts on his life by shooting and throwing himself in the water. On the second attempt he was charged at the Police Court with being a person of unsound mind, and he was remanded to the hospital for 14 days to be under medical examination, and he was discharged on the 28th of last month as being of sound mind. The fortnight in the hospital seemed to calm him a

⁴¹ *Mercury*, 12 September 1924, p. 9.

great deal. On the Friday he went back to business and then became much worse. About half past 12 o'clock in the afternoon of the first instant, I heard he had shot himself.

Cases such as these show how suicidal behaviour and mental ill health were inextricably linked in the minds of many Tasmanians. Not only did Mary and Christopher's threats and attempts lead to their medical treatment, but they also convinced the jury and coroner of their insanity at the time of their suicide. This is not to say that such a view is necessarily unreasonable, archaic, or significantly different to current thinking. What is exceptional, however, is that no elaboration was sought or offered regarding the specific nature of the sufferer's illness. How exactly were they behaving prior to their death? Were they depressed? Were they psychotic? The fact such questions were believed to have been unnecessary highlights the intrinsic connection many Tasmanians saw between suicide and mental ill health: mental ill health could be inferred because of ongoing suicidal behaviour, which meant in turn the suicide could be explained both causally and morally. The fact that coroners and juries could accept why someone might act in this way, morally speaking, made the explanation plausible. Simultaneously, the perceived explanation rendered the death understandable in a moral sense.

What these cases also show is the range of ways in which Tasmanians reacted to threats or hints that people might make a suicide attempt. John G.'s daughter in 1927 stated that her father 'had sometimes shown signs of suicidal tendencies...[and] had often said he would do himself an injury'.⁴² She added that 'every care was taken to keep dangerous weapons from him'.⁴³ Outside of seeking medical help, or indeed sometimes based on medical advice,

⁴² *Daily Telegraph*, 2 June 1927, p. 6.

⁴³ *Daily Telegraph*, 2 June 1927, p. 6.

preventative measures such as these were one of the more common ways in which people tried to prevent suicide. Razors would be confiscated or hidden, poisons would be discarded, people would be 'watched'.⁴⁴ It is impossible to say how effective these measures were, as the evidence that remains only relates to cases in which it was not. However, people certainly tried to do what they could when they believed a loved one was at risk.

Others were less able to decipher the hints their relatives had given them, and accordingly took no action. William T.'s widow stated he 'had never threatened to take his own life', but also stated she 'had heard him remark that 'a man would be better dead than suffering as he was'.⁴⁵ Thomas D. had told his wife that 'if he did not get his eyesight [back] then he wished he was dead'.⁴⁶ Others still simply did not believe the threats they heard. Arthur F.'s widow stated 'he told me he had got the laudanum to kill himself, but he had said so so many times before I did not take much notice of it. Every time he was drinking he used to say he would take it'.⁴⁷

The fourth most common type of testimony in 'unsound mind' cases relayed that the deceased was, had previously been, or was about to be under medical treatment for a psychiatric condition. This occurred in 18.6 per cent of all cases, and is not particularly surprising. Once again, testimony of this sort rarely made any explicit link between the fact of treatment or hospitalisation and the occurrence of suicide, and only sometimes actually identified the exact nature of the psychiatric complaint. Typical is the testimony at the inquest of William B.,

⁴⁴ Inquest Files, AGD 20/1/16 (no. 62), TAHO.

⁴⁵ *Mercury*, 18 March 1931, p. 5.

⁴⁶ *Mercury*, 15 June 1880, p. 3.

⁴⁷ Inquest Files, AGD 20/1/7 (no. 8403), TAHO.

where it was stated that ‘about 18 months ago [he] was under observation at the General Hospital’.⁴⁸ This was the only evidence cited, and nothing further was stated that could have proven his insanity. Given the general concern with uncovering reasons for suicides, it appears juries largely assumed that suicide was something asylum inmates sometimes did, and so brought in ‘unsound mind’ verdicts accordingly.⁴⁹ Morally and causally, the suicide was intelligible.

It is interesting to note the significant over-representation of women in such cases, who account for 42.2 per cent of the total. This is approximately twice the number that would be expected given the gender distribution of all ‘unsound mind’ verdicts. Though gender and psychiatric care will be discussed in more detail in Chapter 5, it seems likely the reason for this was primarily that cultural, social and economic forces did not act to prevent women seeking medical help, or having it sought for them, at least to the extent these forces applied to men. The traditional role of men as the family breadwinner, combined with the absence of paid sick leave, did not make it easy for men to take time off work to tend to their mental health. Men’s cultural position as the head of the household also probably provided a barrier to wives who may have believed their husband needed help, as would have both the general stigmatisation of mental ill health and the cultural association of anxiety, an inability to manage stress and general mental ill health with femininity more specifically. This can be seen clearly at the inquest of Thomas P., the first person to appear among the data series suffering

⁴⁸ *North Western Advocate and Emu Bay Times*, 22 July 1903, p. 3.

⁴⁹ The omission of extra detail does not occur in every case of this sort. However, the fact that it does occur in most such cases demonstrates that the extra detail was not the crucial component of the testimony that led to the ‘unsound mind’ verdict.

from 'shellshock' (though it was not described as such during his inquest). Dr Thomas Goddard stated at his inquest he was

impressed with the harmful effect of war service on his nervous system. He was of a restless temperament, and rather effeminate in manner and speech. Little things tended to sway him. He frequently complained of nervousness, a tired feeling, and headaches, and was distinctly inclined to pessimism. [Dr Goddard] always regarded him as of the delicate, nervous type upon whom the stress and anxiety of the fighting had a harmful effect.⁵⁰

Post-traumatic stress disorder was not well understood at this time, and in place of such understanding, an inability to cope with experience as traumatic as serving in World War One could be taken as evidence of diminished masculinity. As historian Sheena Egan Chamberlin has explained, 'trauma-related nervous disorders became the mark of someone who had failed to live up to culturally constructed notions of the ideal male citizen soldier... victims were blamed for their unmanly behaviour by way of stigmatizing medical diagnoses'.⁵¹

This is not to say women always found it easy to obtain the care they needed.⁵² In 1920, the General Hospital in Hobart had made arrangements for Mary S. to be sent to the Hospital for the Insane at New Norfolk, but she was instead sent home 'on her relatives' wish'.⁵³ The following year, Ethel N.'s doctor had told her relatives he believed it was 'advisable' that she receive treatment at New

⁵⁰ *World*, 1 April 1920, p. 3.

⁵¹ Sheena M. Egan Chamberlin, 'Emasculated by Trauma: A Social History of Post-Traumatic Stress Disorder, Stigma, and Masculinity', *The Journal of American Culture*, 35, no. 4 (2012), p. 358. See also Tracey Loughran, 'Shell Shock, Trauma, and the First World War: The Making of a Diagnosis and Its Histories', *Journal of the History of Medicine and Allied Sciences*, 67, no. 1 (2012), pp. 94-119.

⁵² A good discussion of the influence of families can be found in Catherine Colborne, "'His Brain Was Wrong, His Mind Astray': Families and the Language of Insanity in New South Wales, Queensland, and New Zealand, 1880s-1910", *Journal of Family History*, 31, no. 1 (2006), pp. 45-65. These issues will also be discussed in more detail in Chapter 5, where hospital admission papers and other medical records are analysed.

⁵³ *Examiner*, 4 March 1920, p. 4.

Norfolk, but that her condition did not 'justify her forcible removal'.⁵⁴ The same forces that limited women's autonomy in social and domestic spheres also limited their ability to obtain mental health care.

As Figure 3.5 also shows, the percentage of people who had been undergoing medical treatment prior to their suicide tripled in the 1910s, 1920s and 1930s, when compared with the average of earlier decades. This reflects the rise and professionalisation of psychiatry, as well as growing awareness and availability of a range of treatment options. In the forty-two years between 1868 and 1910, only seven individuals had been seeing a doctor about their mental health outside of either the Hospital for the Insane at New Norfolk or a police cell (where they would typically be remanded for a week or two for medical observation). After 1910, patients began to receive support, advice and treatment through regular visits from their local doctors, and undergo short stays at the General Hospital in Hobart. Twenty of the twenty-four cases in the 1920s involving people who had been obtaining medical treatment occurred in this way, with two others receiving treatment at New Norfolk and two others being incarcerated by police for their own safety.

Class differences in terms of support options also become apparent with the expansion of the ways in which people could access mental health care. Wealthier patients had live-in nurses, were admitted to private hospitals, went to specialist hospitals on the mainland, and went on holidays on their doctor's advice.⁵⁵ Older methods of keeping people safe continued to be applied to the

⁵⁴ *Mercury*, 19 October 1921, p. 2.

⁵⁵ For private treatment, see Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/96 (no. 17018), TAHO; *Advocate*, 25 May 1934, p. 2. For treatment on the mainland, see Findings, Depositions and Associated Papers Relating to Coroners' Inquests,

poor. In 1925, for example, an aged pensioner named James H. cut his throat in his hut following a period of imprisonment for being 'a person of unsound mind'.⁵⁶ Services may have been expanding, but many of these were limited to those who could afford to pay for them.

Emerging in the 1910s, and cited increasingly into the 1920s and 1930s, was the concept of 'nerves' (see Figure 3.5). The diagnosis was very much a catch-all for a range of symptoms, including anxiety, stress, eccentricity, quietness and excitement, the range of which suggests that the identification of 'nerves' depended more upon ideology or cultural beliefs than clear symptoms. Supporting such a proposition is the fact women made up 45 per cent of Tasmanian cases, which was more than double the expected figure based on the general proportion of cases. The reason for this overrepresentation was the gendered nature, shown above in the case of the returned soldier Thomas P., of diagnoses of this kind.

Historian Susan Cayleff has explained that the concept emerged from a 'trusted cultural truism' that 'woman's physiology enfeebled her nerves'.⁵⁷ It gained credibility with the first significant forays into medical science in the eighteenth and nineteenth centuries, and was connected easily with a propensity towards suicide by the perceived link, prefiguring Durkheim's popular explanation of suicide, between 'nerves' and modern, industrialised, urban life.⁵⁸

SC195/1/84 (no. 13722), TAHO; *Examiner*, 12 May 1916, p. 6. For live-in nurses, see Inquest Files, AGD20/1/14 (no. 9791), TAHO.

⁵⁶ Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/89 (no. 15061), TAHO; *Advocate*, 29 December 1925, p. 4.

⁵⁷ Susan E. Cayleff, 'Prisoners of Their Own Feebleness': Women, Nerves and Western Medicine - a Historical Overview', *Social Science & Medicine*, 26, no. 12 (1988), p. 1200.

⁵⁸ *Ibid.*, p. 1202.

So why do such explanations only begin to emerge in the 1910s in Tasmania? The reason is probably two-fold. First, as will be discussed in more detail in Chapter 5, it was not until around this time that psychiatry began to establish itself as a distinct medical discipline either in Tasmania or anywhere else in the world.⁵⁹ Second, 1910 saw the abolition of juries, and the subsequent prioritisation by coroners, already discussed, of evidence from medical professionals in inquests. In other words, from 1910 medical men had greater access to, and influence within, the inquest process than they had enjoyed previously. The concept of 'nerves' had a central place in both late-nineteenth century medicine and the later emergence of professional psychiatry.⁶⁰ It is little surprise such diagnoses appear more frequently in the records at a time when doctors had gained more influence over the process.

In a final grouping of eleven cases, the causes of the suicides cited by witnesses were heavily overlaid with ideas about gender difference. Julia W., Helena K., Beryl H. and Margaret B. were all described as suffering from, or being under treatment for, 'hysteria'.⁶¹ The symptoms required for such a diagnosis were not clearly defined, and could seemingly involve almost any conduct—real or assigned—that lay outside prescribed norms for female behaviour, such as aggression, assertiveness, or disagreeability. A diagnosis could also result from behaviour that appeared to exceed the boundaries of accepted norms for women,

⁵⁹ Gerald N. Grob, *Mental Illness and American Society, 1875-1940* (Princeton, New Jersey, 1983); Catherine Coleborne and Dolly MacKinnon, 'Psychiatry and Its Institutions in Australia and New Zealand: An Overview', *International Review of Psychiatry*, 18, no. 4 (2006), pp. 371-80; Eric Ratcliff and Kenneth Kirkby, 'Psychiatry in Tasmania: From Old Cobwebs to New Brooms', *Australasian Psychiatry*, 9, no. 2 (2001), pp. 128-32. This will be discussed in more detail in Chapter 5.

⁶⁰ Cayleff, "Prisoners of Their Own Feebleness", p. 1205.

⁶¹ *Mercury*, 11 May 1906, p. 2; *Daily Telegraph*, 8 October 1900, p. 3. Elaine Showalter, *The Female Malady: Women, Madness and English Culture, 1830-1980* (London, 1987).

such as anxiety and emotionality. As an example of this, Helena K.'s husband explained her behaviour to the jury at her inquest by saying that she had been 'complaining and fretting' in recent months.⁶²

A diagnosis of hysteria was sufficient for juries and coroners to believe they understood and could account for a death. At Margaret B.'s inquest, the coroner, Captain William Fisher, summarised his findings by saying that he did 'not think that she was a woman who would commit suicide while she was in her right mind. She wrote to her husband to come home, and the letter (produced) was very disjointed, and she might have done it all in one of her hysterical fits'.⁶³ He accordingly returned an 'unsound mind' verdict.⁶⁴

Gendered ideas about women's psychology showed up in other ways. In 1926 Fanny M.'s suicide was explained at her inquest as being due to her being at a 'critical age', while in 1923 Eva J.'s doctor told the coroner at her inquest that women 'were inclined to be nervy about the age of 40 years'.⁶⁵ Cases such as these support Cayleff's argument that diagnoses of hysteria 'linked women's reproductive organs with nervousness and their ensuing mental instability', and therefore that 'women's natural physiological processes became seen... as medical junctures during which time the body and its systems were in danger'.⁶⁶ Indeed, in the case of Eva J., there was not a single other cause suggested to account for her death, and the doctor had not treated her previously. That she was subsequently found to have been of 'unsound mind', evidently solely

⁶² *Ibid.*

⁶³ *Zeehan and Dundas Herald*, 20 February 1920, p. 1.

⁶⁴ Cayleff, "Prisoners of Their Own Feebleness", p. 1200.

⁶⁵ *Mercury*, 4 June 1926, p. 3; *Mercury*, 19 October 1923, p. 10. See also Inquest Files, AGD20/1/7 (no. 8311), TAHO.

⁶⁶ Cayleff, "Prisoners of Their Own Feebleness", pp. 1200-1.

because of her age and gender, show how central such notions were to Tasmanian aetiologies of suicide.

When combined with the women who were perceived to be suffering from 'nerves', such cases made up almost one quarter of all cases in which women were adjudged to have died from suicide whilst of unsound mind. Gendered beliefs about women's mental health therefore impacted significantly upon explanations for women's suicide. Given hysteria was widely accepted as a condition in both medical and lay circles, it also fits with the wider argument of this chapter that culturally intelligible suicides (that is, those cases that fit with cultural aetiologies of suicide) were also the easiest to justify morally. 'Hysterical women' were absolved through 'unsound mind' verdicts that were likewise used to explain their deaths.

Precisely the same phenomenon of cultural understandings shaping explanations and diagnoses (and therefore verdicts) can be observed in testimonies provided by doctors. As will be discussed in Chapter 5, it was widely held in western medical circles that suicide was generally the result of some form of mental ill health, and doctors drew upon this professional culture to explain suicides at inquests. Dr Edward Crowther, for example, when providing medical evidence at the inquest of Hugh Y., stated he had 'died from the effects of a bullet wound self-inflicted whilst (in my opinion) in a state of temporary insanity', despite having never treated him prior to his death.⁶⁷ The same is true of Dr John McCall, who after conducting a post mortem examination on the body of Helena K., stated that 'although he had not attended deceased, he considered

⁶⁷ Inquest Files, AGD20/1/7 (no. 8341), TAHO. See also *Tasmanian News*, 18 November 1893, p. 2, which shows that Hugh Y. had not even visited any other doctor since arriving in Tasmania.

she had been suffering from a form of insanity which frequently led to self-destruction'.⁶⁸ Dr Lavington Grey Thompson told an inquest that William K. was 'of a hasty and peculiar disposition, and was the sort of man one would expect to commit suicide'.⁶⁹ General assumptions and understandings about the nature and causes of suicide directly influenced explanations of specific suicides.

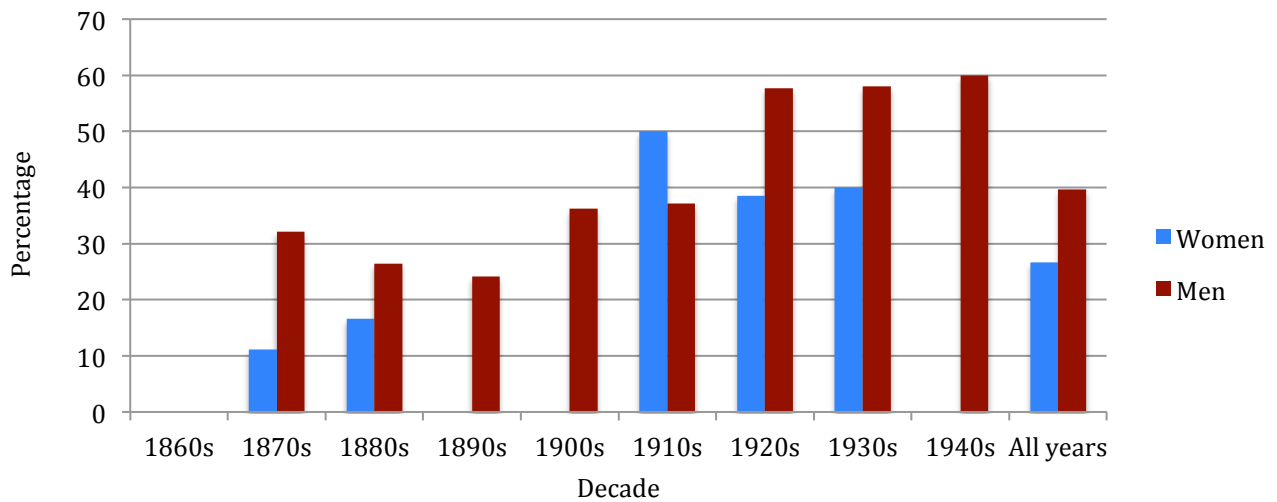
Physical illnesses

Physical illnesses, injuries, or permanently debilitating conditions were cited by witnesses in 36.2 per cent of all cases resulting in 'unsound mind' verdicts. Like mental ill health, these references and testimonies highlighted an array of conditions of differing severity. However, unlike mental illnesses, these were rarely seen or assumed to have led directly and singularly to suicide. Instead, in the vast the majority of cases, physical conditions were seen either as a cause of mental ill health or impaired reasoning, or viewed as exacerbating or operating in concert with psychological or other difficulties.

⁶⁸ *Daily Telegraph*, 8 October 1900, p. 3.

⁶⁹ *Daily Post*, 2 December 1913, p. 4. See also Inquest Files, AGD20/1/14 (no. 9791), TAHO.

Figure 3.6: Percentage of inquests in which physical illness was mentioned
(Unsound mind verdicts only)



Source: Inquest Files, AGD20, TAHO; Findings, Deposition and Associated Papers Relating to Coroners' Inquests, SC195, TAHO. Supplemented with newspaper reports.

The first way in which Tasmanians saw physical conditions as precipitating suicide was through their belief or observation that physical suffering could cause depression. William S., for example, suffered from 'severe piles', 'a weak constitution', and 'inflammation of the nerves', and left a suicide note in which he stated that he 'could not bear the thought of always being a sufferer'.⁷⁰ From this it appears that, to him, suicide was a rational way of avoiding the ongoing agony that his condition would produce: there was a direct, intelligible link between his health and his suicide. His doctor, however, told the inquest that 'the pain he had endured might have tended to make him despondent'.⁷¹ This is significant because, in doing so, he was instead framing William S.'s suicide as being the product of mental ill health brought on by the effects of a medical condition. The

⁷⁰ *Launceston Examiner*, 2 November 1897, p. 6.

⁷¹ *Ibid.*

difference is subtle but important when considering social understandings of suicide.

The same approach can be seen at the inquest of Frederick W., who suffered from a stomach condition that caused him considerable pain.⁷² Instead of connecting this pain directly to his suicide, his brother, who was also speaking on behalf of his mother, told the jury that 'I think from the continued pain he was in that his mind broke down under it'.⁷³ Again, physical ailments were seen to cause suicide indirectly, only after first contributing to mental health problems.

Such explanations were not simply the preserve of families and doctors. Jury members also took it upon themselves to determine that physical suffering could upset an individual's psychological balance. At the inquest of Albert J., his wife stated he often complained of headaches, and when experiencing them he could be despondent and 'strange in his manner'.⁷⁴ However, she also stated she 'knew of no reason why he should be depressed', as she believed 'his troubles were imaginary'.⁷⁵ His doctor stated he had met Albert J. previously on several occasions, and noted there was neither anything strange in the way he had behaved, nor anything that indicated anything other than 'the full vigour of health'.⁷⁶ However, upon conducting the post mortem, he found an abscess on the brain, which he stated would account for the intense headaches.⁷⁷ The jury then returned a verdict that Albert J. 'met his death by a bullet wound self-inflicted, whilst suffering from temporary insanity brought on by suffering from an

⁷² Inquest Files, AGD20/1/11 (no. 9089), TAHO.

⁷³ *Ibid.*

⁷⁴ *Daily Telegraph*, 28 July 1897, p. 5.

⁷⁵ *Ibid.*

⁷⁶ *Ibid.*

⁷⁷ *Ibid.*

abscess on the brain'.⁷⁸ Again, the accepted explanation was that the pain caused 'temporary insanity', which in turn led to the suicide. Mental ill health was viewed as a necessary intermediary between physical conditions and suicide.

A number of cases also demonstrate a belief that diagnoses of terminal illnesses could cause such anxiety that insanity would result, and would in turn lead to suicide. William G., for example, had been informed by his doctor that 'he had chronic organic disease of the heart and heart's substance, and should prepare himself for death, which might come at any moment'.⁷⁹ His final communications with his son contained instructions for the necessary arrangements, as well as his will.⁸⁰ He also wrote that his 'fits were becoming more than he could bear – so much so that he never expected to see any of his family again'.⁸¹ Instead, however, of framing his suicide as something akin to euthanasia, it was stated

there can be no doubt, therefore, that his state of health so preyed on his mind that it became deranged, and it was either when in that condition, or probably while he was suffering from a violent attack of his malady, that he was drowned.⁸²

Similarly, George P., who had been suffering 'an internal complaint', had been informed his 'case was incurable'.⁸³ It was reported this 'evidently preyed on his mind so much that he was driven to commit the rash act'.⁸⁴ Suicide in these constructions was not simply a rational early escape from a painful and inevitable death, but rather was the result of insanity produced by physical suffering or knowledge of impending death.

⁷⁸ *Ibid.*

⁷⁹ *Tasmanian*, 9 March 1895, p. 24.

⁸⁰ *Ibid.*

⁸¹ *Ibid.*

⁸² *Ibid.*

⁸³ Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/73 (no. 11012), TAHO; *Emu Bay Times and North West and West Coast Advocate*, 16 January 1899, p. 2.

⁸⁴ *Ibid.*

Some Tasmanians evidently thought physical conditions alone could significantly impair an individual's thinking. Charles S., for example, suffered sunstroke three weeks prior to his suicide, and it was suggested that following this 'his brain became affected'.⁸⁵ Likewise, the father and sister of George H. reported he suffered from a 'weak intellect', and that he was 'recently attacked by influenza, which aggravated his malady'.⁸⁶ Most tellingly, the coronial jury at the inquest of Joseph H. heard that his family members were at a loss to explain his suicide.⁸⁷ The post mortem, however, revealed an 'old injury to the brain', which the examining doctor testified 'might have affected deceased mentally'.⁸⁸ The jury accordingly returned a verdict that 'deceased committed suicide with a pea rifle whilst temporarily insane'.⁸⁹ Such cases demonstrate common acceptance of an aetiology of suicide in which (in addition to causing mental illnesses through suffering or distress) physical conditions could directly and unknowingly affect the reasoning abilities and general mental capacity of individuals, in turn causing suicide.

Physical conditions were also mentioned in a number of cases in which alternative causal factors were given greater precedence. They were seen here as adding to the effect of other difficulties. James G., for example, was a mining surveyor who had run into considerable financial problems, and had lost a large amount of money—both his own and his friends'—on a failed venture.⁹⁰ Examining the state of his financial affairs, it was reported, caused his mind to

⁸⁵ *North West Post*, 22 March 1892, p. 3.

⁸⁶ *Colonist*, 31 May 1890, p. 25.

⁸⁷ Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/76 (no. 11754), TAHO; *North Western Advocate and the Emu Bay Times*, 7 November 1904, p. 4.

⁸⁸ *Ibid.*

⁸⁹ *Ibid.*

⁹⁰ *Tasmanian News*, 27 July 1896, p. 2; Inquest Files, AGD20/1/9 (no. 8659), TAHO.

become ‘unhinged by what he read’.⁹¹ He was also upset by his belief that his family in England had forgotten him.⁹² He had also contracted ague (an illness, similar to malaria, causing fever) and this was stated to have made him feel ‘a little queer’.⁹³ This was significant in relation to his death because it was stated he continued to turn his mind to mining matters even as he was recovering.⁹⁴ It was not viewed as the cause of either his mental ill health or suicide, but it was framed as worsening the effects of his existing troubles.

Illnesses, injuries, or other physical conditions were not viewed as a primary cause of suicide. Instead, they were seen as a cause of depression, extreme anxiety, impaired thinking, or as exacerbating existing difficulties. Suicide as an escape from intolerable suffering was believed to occur only indirectly, following the development of mental ill health.

The moral implication of this is clear: such suicides were not something people chose to do, but something that happened to them. Even in cases where individuals made it perfectly clear that this was exactly what they were doing, families, doctors, and jury members would invariably adopt an explanation centred on mental ill health. Thus we can again see how morality, and the need for suicidal deaths to be morally intelligible, shaped explanations of suicide. It simply did not make sense to most Tasmanians that someone in their right mind would desire death.

Physical conditions increased as an explanation of suicide in ‘unsound mind’ cases over the period. As with the rise in the percentage of cases in which

⁹¹ *Ibid.*

⁹² *Ibid.*

⁹³ *Ibid.*

⁹⁴ *Ibid.*

psychotic symptoms were mentioned, this is probably partly due to the distortion brought about by coroners no longer automatically accepting depression as a valid reason for bringing in an 'unsound mind' verdict.

Additionally, however, coroners and juries would often ask questions about an inquest subject's health preceding their suicide. That this was the case can be gleaned from the recorded statements of witnesses, which regularly included sentences such as 'deceased had not been in ill health lately'.⁹⁵ The frequency with which such statements appeared really only makes sense as a negative response to questioning.⁹⁶ Not only does this show that ill health was a fundamental part of Tasmanian society's understanding of the causes of suicide, but given that life expectancy increased by approximately fifteen years between 1868 and 1943, it makes sense that more people would have answered such questions in the affirmative and the frequency of such testimony would have therefore increased.⁹⁷

Suicide due to physical ill health was also a masculinised attributed mode of death. It was mentioned in 39.2 per cent of cases involving men, and only 26.7 per cent of those involving women. As with medical treatment, this was probably due to the way society was structured, and the cultures that prevailed: physical illness would have had a greater effect on the capacity of men to work, earn and therefore fulfil their role as the family breadwinner. At the same time too, the cultural emasculation of men who could not perform this role would also have

⁹⁵ *Examiner*, 28 November 1934, p. 12. This report also showed how irrelevant information about illnesses that people had suffered a long time before their suicide shows up in witness testimony.

⁹⁶ Notwithstanding the evidence discussed in the following paragraph, it is possible, if highly unlikely, that ill health was such a significant part of common aetiologies of suicide that witnesses would frequently offer this information without prompting. Even if this were the case, it still proves the basic point being made here.

⁹⁷ Australian Bureau of Statistics, *Australian Historical Population Statistics* (2014), table 6.1.

made friends, families, juries, doctors and coroners all see physical ill health as a potential—and critically, a morally intelligible—cause of suicide.

Work and financial problems

Unemployment and other financial difficulties, mentioned in 15.3 per cent of all inquests resting in ‘unsound mind’ verdicts, were viewed in much the same way as physical conditions. They were seen as something that could precipitate mental ill health or exacerbate the negative effects of other circumstances or illnesses, but not usually as a singular cause of suicide. In addition, as Figure 3.1 highlights, they were almost only ever raised in relation to male deaths, being raised in one-fifth of cases involving men but only one per cent of those involving women. In part this would have simply reflected the work patterns of late-nineteenth and early-twentieth century Tasmania. But, in keeping with the general thesis of this chapter, it was also likely that this difference was due to the assumptions that were made about suicide, which in turn influenced the questions that would be asked of witnesses and the information that they would see as relevant. It is unlikely that women did not worry about their financial situation, or that of their family. More plausible is that male coroners and jurors did not view women as concerning themselves so much with money as to be driven to insanity and suicide, and so did not question witnesses about financial matters when women had died from suicide. In cases involving men, witnesses often recorded statements such as ‘he had no financial worries’ or ‘he was in steady employment’, and, as above, these statements only make sense as negative responses to questioning.⁹⁸ Such statements do not appear in any cases

⁹⁸ *Advocate*, 19 January 1934, p. 2.

involving women. Suicide linked to financial concerns was a masculinised attributed mode of death.

Approximately half of all cases that cited pecuniary distress connected these concerns directly to the development of a mental illness. One, from 1891, reported how unemployment had caused James H. 'deep despondency', while another explained how 'the fight to keep the wolf from the door preyed on the old man's mind'.⁹⁹ Most telling is the case of George C., who was found to have hanged himself in 1895 with a demand for money stuffed in his pocket.¹⁰⁰ He had apparently been struggling financially for some time past, and his housekeeper testified that she believed this caused him great 'mental trouble'.¹⁰¹ The *Daily Telegraph* reported that 'monetary difficulties... preyed on his mind to such an extent that he gave way to melancholia', and placed this under a headline which read: 'AN HOTELKEEPER HANGED. CAUSE: MELANCHOLIA THROUGH MONETARY DIFFICULTIES'.¹⁰² This demonstrates a clear aetiology of suicide involving financial troubles, in which these stresses would lead to mental ill health and in turn to suicide.¹⁰³

The other half of such cases portrayed unemployment and financial problems as aggravating other difficulties. Charles H. was described as having been 'very peculiar' prior to his death, and his doctor testified that he believed that this was

⁹⁹ *Tasmanian*, 21 November 1891, p. 23; *Daily Telegraph*, 14 November 1891, p. 5; *North West Post*, 5 December 1896, p. 2.

¹⁰⁰ *Tasmanian News*, 8 January 1895, p. 2.

¹⁰¹ Inquest Files, AGD20/1/8 (no. 8467), TAHO.

¹⁰² *Daily Telegraph*, 8 January 1895, p. 2.

¹⁰³ See also *Daily Telegraph*, 1 September 1894, p. 5, and Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/70 (no. 10418), TAHO; *Tasmanian*, 4 March 1893, p. 16, and Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/70 (no. 10214), TAHO.

the result of depression.¹⁰⁴ His doctor also believed that he was 'depressed on account of his state of health', something made worse by his business troubles and his reading of 'quack works' about his medical condition.¹⁰⁵ Similarly, John S. had, according to a friend, 'been very depressed in spirits for some time'.¹⁰⁶ His wife added that he had 'suffered a good deal from financial worry lately', and suggested that because of this 'he was getting more depressed each day'.¹⁰⁷ As with physical conditions, unemployment or other monetary concerns were not seen as producing suicide alone. Instead, it was believed they acted in concert with other problems to either produce or exacerbate mental health issues, which in turn led to suicide.

As with testimony that related tales of debilitating physical conditions, the moral implications were that suicide was not framed as a choice made *by* the individual, but as something unfortunate that happened *to* an individual. Psychological conditions were seen to have diminished an individual's agency and therefore also their moral responsibility for their actions. This is why they were not given a verdict that carried criminal connotations (at least prior to 1914), but were found to have died from 'suicide while of unsound mind'. This was not a sympathetic verdict in the sense commonly meant by the word, designed to alleviate the suffering of the victim's friends and family. Rather, it was an honestly produced verdict that attempted to explain accurately what had occurred, albeit one produced by juries in the language and within the limits of the possible verdicts that were available.

¹⁰⁴ *Mercury*, 11 June 1894, p. 3.

¹⁰⁵ *Ibid.* 'Quackery', which essentially referred to 'alternative medicine', is discussed in relation to Tasmania in Philippa Martyr, 'No Paradise for Quacks? Nineteenth Century Health Care in Tasmania', *Tasmanian Historical Studies*, 5, no. 2 (1997), pp. 141-52.

¹⁰⁶ *Mercury*, 2 November 1895, p. 3.

¹⁰⁷ *Ibid.*

These cases also begin to show us how Tasmanians answered the question that had plagued philosophers, sociologists, and historians for centuries: if a particular circumstance can be a cause of suicide, then why do only a small percentage of people in that circumstance act to end their lives? The answer consistently provided at Tasmanian inquests was that in some people it would produce or worsen mental ill health, which would lead them to make decisions that others in similar circumstances would not. This was one of the most fundamental and consistently implied beliefs about the nature of suicide expressed by Tasmanians between 1868 and 1943.¹⁰⁸

The frequency with which witnesses mentioned financial difficulties did not correlate particularly well with well-known periods of economic boom or decline. As Figure 3.7 shows (and excluding the 1860s and 1940s as above), mentions of unemployment were highest in the relatively good economic times of the 1870s, at their lowest during the 1920s when unemployment averaged between nine and thirteen per cent, and only about average during the disastrous period of the 1930s when unemployment spiked to over thirty per cent.¹⁰⁹ Near identical ratios hold when including all inquests, rather than just ‘unsound mind’ cases. If bad economic times led to higher rates of suicide, this is not something that is apparent from reading inquest files.

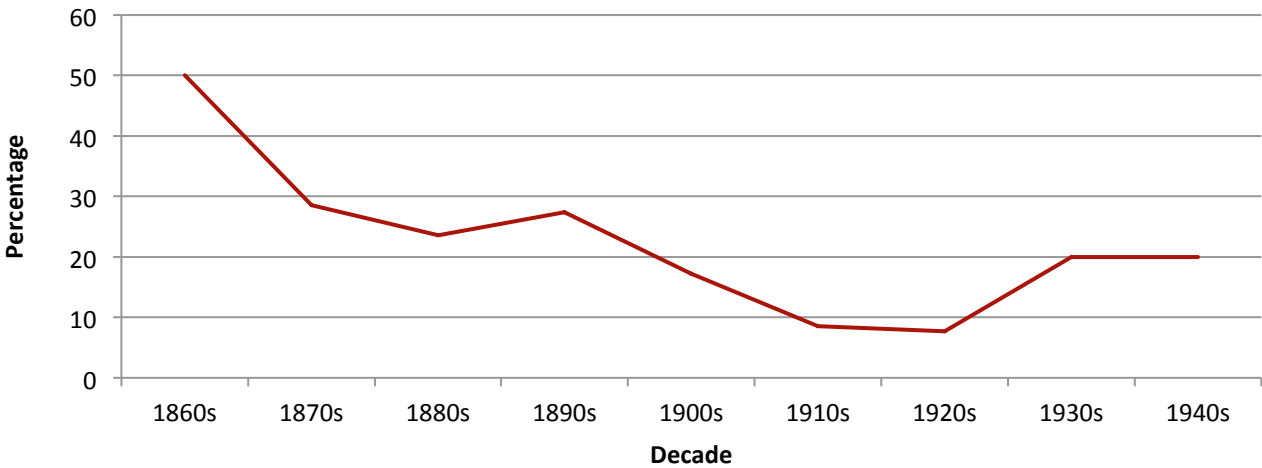
This finding coheres with those of John Weaver, who writes that the ‘assumption that wide-scale recessions or depressions are the source of work and money

¹⁰⁸ It would be very surprising if this was significantly out of step with other Australian jurisdictions, and most English-speaking societies for that matter.

¹⁰⁹ Bruce Flemingham, ‘Economy,’ in Alison Alexander ed., *The Companion to Tasmanian History* (Hobart, 2005), pp. 420-5.

problems and thus set the timing of personal crises is questionable'.¹¹⁰ Tasmanian inquest juries understood that people lost their jobs, made bad investments, and saw their businesses collapse at all times.¹¹¹ Through their verdicts they expressed their belief that money troubles were, in isolation, rarely sufficient to push people to suicide: such a response to adversity usually required the coexistence or development of other challenges.

Figure 3.7: Percentage of cases in which financial distress was mentioned (male only)



Source: Inquest Files, AGD20, TAHO; Findings, Deposition and Associated Papers Relating to Coroners' Inquests, SC195, TAHO. Supplemented with newspaper reports.

Alcohol

Though cited relatively less frequently than the other explanations already discussed, the influence of alcohol was nevertheless raised in approximately one

¹¹⁰ John Weaver, *A Sadly Troubled History: The Meanings of Suicide in the Modern Age* (Montreal, 2009), p. 195. Perhaps it is possible that unemployment is subjectively more distressing during good economic times, in the sense that individuals might be more likely to blame themselves when few other people are out of work. Such a question is well beyond the scope of this analysis, however.

¹¹¹ Louis Dublin, *Suicide: A Sociological and Statistical Study* (New York, 1963), p. 66.

in ten cases that resulted in 'unsound mind' verdicts. However, the public at large clearly believed drinking and alcoholism to be closely connected to suicide: almost invariably, either the coroner or the jury would ask witnesses about the drinking habits of the deceased. As discussed above, evidence for such questioning can be found where witnesses responded in the negative, with statements such as 'he was of temperate habits' or 'he was strictly temperate in his habits'.¹¹² The prevalence of such testimony only really makes sense as a response to questioning, and the prevalence of such questioning shows the extent to which Tasmanians saw alcohol as a potentially significant indicator of suicide.

As with the role of work or financial problems, alcohol was much more likely to be mentioned in inquests involving men. The reason for this is, again, probably a combination of actual gendered drinking patterns and cultural expectations and assumptions about female temperance. That cultural assumptions were critical to the overall balance of the figures can be seen in the fact that not a single inquest file for a case of female suicide contains the common 'negative response' discussed above. It was either seen as impolite or pointless to ask whether a suspected female suicide had a problem with alcohol. It would accordingly be a mistake to treat these figures as approximating the true connection between alcohol and suicide in Tasmanian society. Instead, they highlight what people believed the connection to be.

¹¹² Inquest Files, AGD20/1/12 (no. 9363), TAHO; Inquest Files, AGD 20/1/10 (no. 8789), TAHO. Though from reading the full inquest files it seems extremely unlikely, it is possible that these were statements made without questioning. However, they would still only make sense if there was a common expectation that suicide was linked to alcoholism (and one so strong that a close relative would almost always succumb to its silent pressure), which therefore would prove the same point made here.

Alcohol was seen to be connected to suicide in three main ways. First, and like the other explanations explored above, it was seen as exacerbating the effects of other problems.¹¹³ However, the relationship could at times be framed slightly differently, in the sense that alcohol could be a cause of unemployment, or a harmful form of self-medication. In other words, the relationship to other challenges could be more consequential, rather than coincidental. For example, in 1894 John K. had been struggling to find work, and had been drinking heavily for about the same amount of time.¹¹⁴ John R. had been 'morbid and despondent' since the death of his wife, and had also apparently turned to alcohol in his distress.¹¹⁵ Nevertheless, it was not claimed that alcohol alone had caused the suicide.

Alcohol was also viewed as connected to the development or exhibition of psychosis. Generally, such behaviours were reported as having occurred whilst under the influence of alcohol. Witnesses stated that Charles C. 'had been drinking since Thursday last, and it appeared to affect his head', that Nehemiah R. had been drinking very heavily for several days and this had 'affected his mind', and that for several months prior to his death alcohol had affected John D.'s 'head more than usual', so much so that his wife 'did not consider deceased was in his right mind' on the night of his suicide.¹¹⁶ Occasionally, however, withdrawal from alcohol was reported as producing similar effects. Immediately

¹¹³ See, for example, Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/75 (no. 11634), TAHO; *Zeehan and Dundas Herald*, 18 November 1903, p. 4; Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/76 (no. 11778), TAHO; *Examiner*, 13 January 1905, p. 6.

¹¹⁴ Inquest Files, AGD20/1/8 (no. 8413), TAHO.

¹¹⁵ Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/79 (no. 12596), TAHO; *Mercury*, 31 December 1909, p. 6.

¹¹⁶ *Tasmanian News*, 25 May 1893, p. 2; *Mercury*, 31 October 1890, p. 3; *Mercury*, 12 January 1905, p. 3.

prior to Alfred A.'s suicide it was reported he was 'in the condition known as 'the blues' or 'the horrors' as the result of drink'.¹¹⁷ More emphatically, Richard C.'s death was reported under the headline 'Suicide at Tullah. A VICTIM TO 'D.TS''.¹¹⁸ In either formulation, excessive consumption of alcohol was seen as potentially leading to psychosis, which in turn led to suicide. Again, the link between alcohol and suicide was via some form of psychological aberration.

A final grouping of three cases appeared to frame alcohol or alcoholism as an explanation for suicide, but did not state how this was so. In 1898 Claud B. 'had not been steady lately', in 1890 George L.'s sergeant noticed nothing peculiar except that he had been drinking frequently, and in 1895 Thomas S.'s brother knew of 'no cause for his taking his life except from drinking', adding that 'he was addicted to these bouts'.¹¹⁹ It is hard to say for certain why juries found these men to have been of 'unsound mind'. It is possible they simply assumed mental ill health from the evidence relating to drinking, or they imagined there must have been some other distress that drove these men to drink. Or perhaps, given this was the era in which temperance movements were rising to prominence, some juries, given the right composition, would simply assume and accept that alcohol could ruin lives and lead to suicide, regardless of whether there had been any evidence to demonstrate this was the case. It is probably impossible to ever know for sure.

What is clear, however, is that Tasmanians would not seek to condemn the suicides of individuals who struggled with alcoholism by withholding 'unsound

¹¹⁷ *North Western Advocate and the Emu Bay Times*, 20 October 1906, p. 4.

¹¹⁸ *North Western Advocate and the Emu Bay Times*, 3 November 1906, p. 4.

¹¹⁹ Inquest Files, AGD20/1/10 (no. 8891), TAHO; Inquest Files, AGD20/1/5 (no. 7919), TAHO; Inquest Files, AGD20/1/8 (no. 8545), TAHO.

mind' verdicts, as some historians have suggested juries would in other jurisdictions.¹²⁰ Instead, they would unearth or assume the distinctive fingerprints of mental ill health left around the scene of such a suicide, and make their judgments accordingly.

Family or romantic troubles

Romantic disappointment, grief over the death of a loved one, domestic violence or other family or relationship troubles were mentioned in 10.8 per cent of all cases that resulted in 'unsound mind' verdicts. In such cases involving women, this figure rose to 13.3 per cent, making this the third largest category. For men, the figure fell to 10.2 per cent, the smallest category besides crime and those cases where no reason was suggested for the suicide.

Without further explanation, including such a range of behaviours and issues within the one category conceals key gender differences between the different types of cases involved. Five cases in this sample were murder-suicides, involving men who had also killed their spouses (and in two cases, their children).¹²¹ While witnesses did speak of relationship problems (hence the cases being included in this category), it is also true such cases represented a very different circumstance than that experienced by a broken-hearted young person, for example. Similarly, including the grief-stricken in the category also distorts the findings, as such cases were roughly proportionate to the gender ratio of all

¹²⁰ Michael MacDonald and Terence R. Murphy, *Sleepless Souls: Suicide in Early Modern England* (Oxford, 1990), p. 136; Cooke, 'Secret Sorrows', p. 123.

¹²¹ Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/71 (nos. 10476 and 10472), TAHO; Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/74 (no. 11285), TAHO; Inquest Files, AGD20/1/11 (no. 9038), TAHO; Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/91 (nos. 16081, 16083-88); Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/97 (nos. 17209-11).

suicidal deaths. If limited only to people who were said to have suffered a romantic disappointment, the category would have about three times as many women as men (or, in other words, there would be about twelve times as many women as would be expected if the gender ratio of all cases held).

Though the overall number of such cases is small, every case in which an individual killed their spouse before ending their own life involved men murdering their wives. All occurring prior to 1935, this was a time in which married women in Tasmania had no right to own property, to share in property after marital breakdown, had virtually no access to divorce and were not protected either by the police or the law from sexual violence perpetrated by their husbands.¹²² It is not a coincidence that a culture and legal system that reduced married women to the status of their husband's property produced only male perpetrators and female victims of spousal murder-suicide.

The lack of protection afforded to women in abusive relationships can be seen in the case of James W. and his wife Jane, in 1895.¹²³ They had been living apart for approximately eighteen months. James had a long history of being verbally and physically abusive towards Jane, and over the previous four years had made numerous threats that he would kill her. In the weeks preceding the murder-suicide he had been unsuccessfully trying to convince her to live with him again, and had been experiencing deteriorating mental health: 'one day he was passionately raving, shortly afterwards sneering and laughing, and then weeping

¹²² John Wade, 'Matrimonial Property Reform in Australia: An Overview', *Family Law Quarterly*, 22, no. 1 (1988), pp. 47-8; Wendy Larcombe and Mary Heath, 'Developing the Common Law and Rewriting the History of Rape in Marriage in Australia: *Pga Vs the Queen*', *Sydney Law Review*, 34, no. 4 (2012), 785-807.

¹²³ Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/71 (no. 10472), TAHO; Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/71 (no. 10476), TAHO; *Launceston Examiner*, 28 January 1895, p. 7.

like a child'.¹²⁴ Several members of Jane's family were aware of the situation, but no measures were taken to help her keep James away from the house. James even asked his friend, Samuel Skemp, what people would think if he shot his wife, but despite the fact that Skemp 'considered him insane', he did not take any action except to respond that people would think him foolish.¹²⁵ Tasmanian society was ill equipped and perhaps disinclined to take measures to prevent the murder of women by their husbands, suicidal or otherwise.

Like men and alcohol, there were almost certainly material and cultural forces that rendered the subjective effects of romantic disappointments more challenging for women than for men. The structure and culture of society was such that women's economic wellbeing and social status were more closely tied to their relationship status than was the case for men. However, these same cultural forces also meant juries and other investigators were more likely to explore the possibility that domestic or relationship issues were part of the story of a woman's suicidal death. The relevance juries and coroners assumed such matters to have in cases of female suicide can be seen in the frequency of statements that only make sense as negative responses to questioning, or at the very least as information volunteered by witnesses who believed the jury would find it particularly important. For example, an inquest in 1900 heard how Helena K. had 'always spoken of the kind way in which she was treated at home'.¹²⁶ Likewise, a friend of Cecilia T. told her inquest how she and her husband had been living on 'fairly good terms, with perhaps the occasional snarl', and

¹²⁴ *Ibid.*

¹²⁵ *Ibid.*

¹²⁶ *North West Post*, 9 October 1900, p. 3.

Margaret D.'s husband testified 'he and his wife had always been happy'.¹²⁷ Such statements, which did not appear with anywhere near the same frequency in the recorded testimonies provided at the inquests of men, suggest Tasmanians were more likely to look for Juliets than Romeos.

The most common way Tasmanians viewed romantic or family troubles as being linked to suicide was through the potential for such difficulties to lead to depressive disorders or other forms of mental illness. Under the headline 'A MAN'S DESPONDENCY', the *Mercury* reported how John R. had been depressed, morbid, and unable to sleep since the death of his wife eighteen months previously.¹²⁸ The sudden death of Matilda P.'s husband was believed by her doctor to have been 'quite sufficient to have brought her mental excitement to a state of insanity'.¹²⁹ William M., a young man who shot himself through the head, was advised to postpone his marriage until his circumstances improved, and became 'quiet and depressed' as a result.¹³⁰ Lilian B. was described as 'depressed', 'very depressed', and 'lonely', on account of feeling betrayed by a prospective wedding partner.¹³¹ In all of these cases, and many more like them, grief or relationship breakdown was seen to have led to suicide only after first causing some form of psychological distress.¹³²

Crime

Historians who have viewed 'unsound mind' and 'suicide' verdicts as reflecting either sympathy or condemnation have also tended to agree that criminals,

¹²⁷ *Tasmanian*, 8 April 1893, p. 21; *Mercury*, 18 December 1913, p. 6.

¹²⁸ *Mercury*, 31 December 1909, p. 6.

¹²⁹ *Mercury*, 29 January 1897, p. 2.

¹³⁰ *Examiner*, 14 July 1904, p. 7.

¹³¹ Inquest Files, AGD20/1/11 (no. 9158), TAHO.

¹³² For other examples, see Inquest Files, AGD20/1/9 (no. 8689), TAHO; Inquest Files, AGD20/1/10 (no. 8810), TAHO.

perhaps more than any other group, would be provided with the 'harsher' of the two judgements.¹³³ This is particularly so if they were deemed to have used suicide as a means of avoiding punishment.¹³⁴ Evidence for such a position, however, is not found within the Tasmanian case files. Within the data set currently under discussion, the suicides of fourteen individuals were immediately preceded by arrest or violent criminal behaviour yet were adjudged to have been insane at the time of their death.¹³⁵

Arnold D. was arrested in Hobart aboard a steamer that was sailing from Zeehan to Sydney. He and his wife had apparently come across some hard financial times in Zeehan, and in consequence he had resorted to issuing falsified cheques. Upon his arrest, he bade his wife farewell, handed her the passage tickets and some jewellery 'in remembrance' of him, and left with the officer. He was told he would probably be sent back to the west coast to face the charges, and the realisation that he might not see his wife again, combined with the fear of

¹³³ MacDonald and Murphy, *Sleepless Souls*, pp. 126-39; Olive Anderson, *Suicide in Victorian and Edwardian England* (Oxford, 1987), pp. 222-3; Carolyn Conley, *The Unwritten Law: Criminal Justice in Victorian Kent* (New York, 1991), p. 63; Cooke, 'Secret Sorrows', pp. 93-6, 122-30. Some qualified dissent is offered in Victor Bailey, *"This Rash Act": Suicide across the Life Cycle in the Victorian City* (Stanford, 1998), pp. 69-72.

¹³⁴ *Ibid.*

¹³⁵ Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/55 (no. 7178), TAHO; Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/59 (no. 7826), TAHO; Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/61 (no. 8392), TAHO; Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/68 (no. 9668), TAHO; Inquest Files, AGD20/1/7 (no. 8380), TAHO; Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/71 (no. 10476), TAHO; Inquest Files, AGD20/1/11 (no. 9038), TAHO; Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/74 (no. 11285), TAHO; Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/85 (no. 13944), TAHO; Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/85 (no. 14026), TAHO; Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/91 (no. 15343), TAHO; Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/91 (no. 16081), TAHO; Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/97 (no. 17209), TAHO; Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/99 (no. 17464), TAHO.

bringing 'disgrace upon her', caused him to become 'pale and agitated'.¹³⁶ Moments later he shot himself through the head.

This would appear to be a perfect example of an individual using suicide to escape the consequences of their criminal actions, and which, supposedly, we should therefore expect to see given a 'suicide' verdict. Instead, it would seem the jury focused their attention in this case on the heartbreak and financial problems of the deceased and determined these factors inhibited his ability to think clearly. The *Clipper* was probably not far from public opinion when it placed its report of his story under the headline 'DRIVEN TO CRIME BY MISFORTUNE'.¹³⁷

Six other cases were murder-suicides. One involved a man named Andrew A., who murdered his wife and five children in their sleep before setting fire to the house and ending his own life.¹³⁸ The evidence for his supposed insanity was not particularly strong. It was shown that he had been experiencing a degree of financial pressure, and three years previously had been treated for 'nervous trouble and depression'.¹³⁹ Such a verdict was in keeping with other findings throughout the period, as has been discussed. Interestingly, the coroner also found that Andrew A. 'did feloniously, willfully, and of his malice aforethought, kill and murder' his wife and children.¹⁴⁰ In other words, it was not that the coroner believed him to have been 'insane' in the M'Naghten sense of knowing right from wrong, but that he was applying different standards of 'insanity' to

¹³⁶ Inquest Files, AGD20/1/7 (no. 8380), TAHO.

¹³⁷ *Clipper*, 10 March 1894, p. 1.

¹³⁸ Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/91 (nos. 16081, 16083-8), TAHO.

¹³⁹ *Examiner*, 19 March 1929, p. 7.

¹⁴⁰ Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/71 (no. 10472), TAHO.

murder and suicide verdicts. Andrew A. certainly was not capable of thinking clearly at the time of his death, the different verdicts said, but he still knew right from wrong. He was murderer, but not a self-murderer: suicide and murder were viewed as very different acts. Tasmanian criminals were therefore not posthumously punished through their inquest verdicts, as no one would be more likely to receive a supposedly condemnatory verdict than someone convicted of willfully murdering his entire family. In late-nineteenth century Tasmania, 'unsound mind' verdicts did not carry the moral meaning that has often been attributed to them by historians studying other societies.

The irrelevance of crime to suicide verdicts is even more explicit in the case of Charles B., who brutally murdered his wife in front of their children before ending his own life in 1899. In addition to quite literally being an axe murderer, he had also been previously convicted for 'cruelly beating' his eleven-year-old step-daughter with a knotted strap.¹⁴¹ He had beaten her with 'all his might for ten minutes', leaving her 'bruised over the back, shoulders, chest, and arms'.¹⁴² If 'sympathetic' verdicts existed, it would seem that Charles B. would also have been about the last person to receive one.¹⁴³

As expected, Charles B. was found to have died from suicide while 'suffering from temporary insanity'.¹⁴⁴ The reason for this is shown in the coroner's instructions to the jury at the conclusion of the case, where he informed them 'what deceased did to his wife had nothing to do with the inquiry. The jury had merely to

¹⁴¹ *Launceston Examiner*, 27 October 1888, p. 3.

¹⁴² *Ibid.*

¹⁴³ Another example of this is the case of Elizabeth W., who also murdered her child. Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/68 (no. 9668), TAHO.

¹⁴⁴ Inquest Files, AGD20/1/11 (no. 9038), TAHO.

consider how the deceased came by his death'.¹⁴⁵ In other words, they were instructed not to take his crimes into account when considering his case. This was the exact opposite of what other histories of suicide suggest juries did.¹⁴⁶ Of course, juries were free to ignore the coroner's direction, but the fact they chose not to in this case is instructive. Inquest verdicts can reveal moral understandings of suicide, but not in so simple a way as to punish people whose lives or behavior they found distasteful or immoral through the withholding of 'unsound mind' judgments. Inquests were taken seriously by the jury members that served them as a way of finding out how a person had died, and the verdicts that were brought in were not manipulated or made misleading as a way of enforcing, post mortem, a particular moral position.

No reason given

Only five 'unsound mind' verdicts, spread throughout the period 1868-1943, were returned in cases where witnesses stated that they knew of no reason for the suicide (and where this testimony was not contradicted by either physical evidence or a different witness). That so few cases existed suggests it was rare for juries or coroners to return 'unsound mind' verdicts without a plausible reason for doing so. They would not, as a rule, assume mental illness from the very fact of suicide alone.

The first of these was a sixteen-year-old boy who in 1908 was found to have shot himself at the armoury in Latrobe, where he was responsible for cleaning the

¹⁴⁵ *Mercury*, 29 April 1899, p. 3.

¹⁴⁶ MacDonald and Murphy, *Sleepless Souls*, pp. 126-39; Anderson, *Suicide in Victorian and Edwardian England*, pp. 222-3; Conley, *The Unwritten Law*, p. 63; Cooke, 'Secret Sorrows', pp. 93-6, 122-30.

weapons.¹⁴⁷ His brother told the inquest he had not complained of being unwell, and his mother stated she 'did not notice anything peculiar about him, and knew of no reason why he should make away with himself'.¹⁴⁸ The local chemist, his employer, corroborated that 'there was nothing peculiar about him; he always seemed right in his head', and an acquaintance recalled speaking to him on the morning of his suicide and testified that he 'did not mention a word about doing away with himself, and seemed cheerful enough'.¹⁴⁹ There was no obvious explanation for his suicide, and no evidence for any circumstance that might have convinced the jury he had not been thinking clearly prior to his death.

Three of the four other cases also involved teenagers, one male and two females.¹⁵⁰ In the case of one, the inquest went as far as to check for pregnancy during the post mortem, presumably in order to establish or rule it out as a potential motive.¹⁵¹ Given it was not regular practice to perform such examinations in all cases involving women, it was not the case that suicides of minors were less likely to be investigated as thoroughly as those of adults. Rather, it seems the young age of the victims influenced the jurors and coroners. They simply might not have been able to accept that teenagers were capable of

¹⁴⁷ Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/78 (no. 12261), TAHO; *North Western Advocate and the Emu Bay Times*, 9 March 1908, p. 4.

¹⁴⁸ *Ibid.*

¹⁴⁹ *Ibid.*

¹⁵⁰ Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/69 (no. 9992), TAHO; *Launceston Examiner*, 21 October 1891, p. 3; Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/67 (no. 9580), TAHO; Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/90 (no. 15253), TAHO; Inquest Files, AGD20/1/66 (no. 50), TAHO).

¹⁵¹ Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/67 (no. 9580), TAHO; *Mercury*, 10 June 1889, p. 3.

such an act, without some form of psychological problem of which they were not aware.¹⁵²

Other attributed causes

Coronial juries were also inclined towards 'unsound mind' verdicts where the testimony of witnesses suggested that the deceased individual acted in a strange manner as a result of their temperament or intellectual capacity. Most commonly, such testimony would highlight a highly eccentric personality. At the inquest of Robert G., for example, the jury was told that he 'appeared a very eccentric and reserved man and would at times go out of his way to avoid meeting anyone. He was so eccentric that I am of opinion that he was hardly right in his mind'.¹⁵³ Evidence relating to beliefs in unusual religious teachings produced a similar effect. The jury at the inquest of George S. heard he had written the local Reverend several letters 'in which he appeared to be very eccentric. He said he was thinking of forsaking the world and joining the secret brotherhood'.¹⁵⁴ In the same way, the *Daily Telegraph's* report of the inquest into Charles J.'s death explained how

his mind seemed to have been upset by the doctrines of Mormonism. Mormons visited him frequently, and he was always reading their tracts and brooding over what members of the sect had told him. This, it was said, had preyed upon his mind.¹⁵⁵

Individuals labelled 'eccentric' were also occasionally described as having a 'weak intellect'.¹⁵⁶ It is not immediately clear what was meant by this phrase. It is

¹⁵² Of course, given there is little evidence to support this view besides the age of the four victims, the possibility of coincidence cannot be completely ruled out.

¹⁵³ Inquest Files, AGD20/1/10 (no. 8789), TAHO.

¹⁵⁴ *Launceston Examiner*, 1 November 1898, p. 5.

¹⁵⁵ *Daily Telegraph*, 6 September 1904, p. 3.

¹⁵⁶ See, for example, *Colonist*, 31 May 1890, p. 25; *Daily Telegraph*, 5 November 1904, p. 5.

possible that it referred to a generally foolish nature, or it could have referred to a condition more akin to an intellectual disability. However, and like an eccentric personality or an interest with unusual religious teachings, the phrase was used to imply a diminished capacity for clear thinking, and therefore also to a diminished responsibility for suicide. Because of some factor beyond their control, albeit one seen as 'internal' rather than 'external', the inquest subject was not thinking or behaving normally immediately prior to their suicide. This is what was meant by a judgement that such people were 'insane' at the time of their death. It was also the reason why such a verdict was brought down.

'Open verdicts' and 'accidental death' findings

Every so often between the 1880s and the 1920s a spoof article about an inquest appeared in Tasmanian newspapers. In it, a coronial jury would hear evidence about a man who had shot himself. The medical officer, or in other versions, the coroner, would state that as there was no evidence the deceased had been insane they should bring in a verdict of *felo de se*. The jury would then discuss the case among themselves, deciding they could not go against what the doctor said: that the man fell in the sea. They then inform the coroner their verdict is 'found drowned'.

There was perhaps some substance to the joke. Approximately fifteen times more inquests resulted in 'open' or 'accidental death' findings than suicide verdicts, the former of which includes 'found drowned' findings.¹⁵⁷ As many people were determined to have died from accidental poisoning or in

¹⁵⁷ Rebecca Kippen, 'Death in Tasmania: Using Civil Death Registers to Measure Nineteenth-Century Cause-Specific Mortality' (Unpublished PhD thesis, Australian National University, 2002), pp. 314-317.

circumstances where intent could not be established as died from suicide.¹⁵⁸ There were approximately four times as many drownings.¹⁵⁹ One in ten people who died from strangulation received an 'open' or 'accidental death' verdict.¹⁶⁰ The newspapers reported a handful of other cases as suicides.¹⁶¹ Inquests resulting in open or accidental verdicts potentially conceal significant numbers of suicides.

Victor Bailey found this to be the case in his study of Kingston upon Hull. Through a close reading of inquest files, he added 125 cases resulting in 'open' or 'accidental' verdicts to his original data set of 604 suicides. He did so on the basis of evidence of 'melancholy, a family history of suicide, previous suicide attempts, or even more distressing circumstances'.¹⁶² In two examples he found evidence of a suicide note, and in two other cases found the physical circumstances of a death compelling enough to justify reclassification. From his perspective, one in five deaths that were evidently cases of suicide were not classified as such by coronial juries.

John Weaver undertook a similar reclassification in his study of Queensland and New Zealand. In drownings that resulted in 'open' verdicts, he found the 'true cause of death was revealed by farewells, tell-tale threats, previous attempts, pockets filled with rocks, weights tied to legs or neck, bricks in a bag, a rope around the legs or hands, or a coat pulled over the arms'.¹⁶³ In cases involving firearms, he found 'the removal of a boot and sock to free a toe to depress the

¹⁵⁸ *Ibid.*

¹⁵⁹ *Ibid.*

¹⁶⁰ *Ibid.*

¹⁶¹ *Examiner*, 2 October 1906, p. 6; *Daily Telegraph*, 14 June 1905, p. 5; *Mercury*, 17 March 1906, p. 6.

¹⁶² Bailey, "*This Rash Act*", p. 64.

¹⁶³ Weaver, *A Sadly Troubled History*, p. 116.

trigger or the presence of a string and stick to do the same'.¹⁶⁴ Gas poisonings were reclassified after reading of 'rags stuffed under doors, a pillow on the floor near an open oven, or a hose running from outlet to bedroom'.¹⁶⁵ In total, he reclassified 667 cases, adding almost twelve per cent to his data set.

Though this study does not attempt to construct accurate suicide rates for Tasmania, it would nevertheless be significant if somewhere between one fifth and one eighth of all suicides were given 'open' verdicts despite clear evidence of suicide having been presented at the inquest. Particularly given a disproportionate number of the deaths reclassified by Bailey were young women, it might suggest coroners and juries were more likely to apply lenience to particular people's suicides.¹⁶⁶

The Tasmanian inquest records provide very little evidence of deliberate lenience from coronial juries. I have not found any examples among the Tasmanian files where clear physical evidence such as a suicide note, pockets stuffed with rocks, string tied to a trigger, or a pillow placed beside an oven was discounted and an open verdict returned. Rather, cases in which suicide might be a possible or even a likely explanation would have depended entirely on circumstantial evidence for such a finding.

An example of cases of this kind is the death of John B., a sixteen-year-old domestic servant from the Boys Home. He was found drowned the day after receiving physical punishment for teaching swear words to his master's children.¹⁶⁷ He had received 'two cuts on his hand, and about half a dozen on his

¹⁶⁴ *Ibid.*

¹⁶⁵ *Ibid.*

¹⁶⁶ Bailey, "*This Rash Act*", p. 64.

¹⁶⁷ Inquest Files, AGD20/1/9 (no. 8585), TAHO.

legs with an ordinary cane', and this was apparently the first time he had been punished in this way. Another servant testified that his work duties on the day of his drowning 'would not have taken him to the water's edge', though both he and the master noted it was common for John to bathe in the water in the mornings. This possibility was discounted by the fact he was found with all his clothes on, and his master suggested he might have fallen in the water whilst jumping across the rocks. John could not swim. He had told the other domestic servant that 'drowning was the easiest death', though the boy said John always seemed happy, and stated he had never heard him threaten to take his own life.

It is difficult to argue John B.'s death was definitely a suicide. Perhaps a young boy, almost totally alone in the world, sought escape from a master he might have believed to be cruel and controlling. Or it might have simply been that a teenage boy left what he was supposed to be doing to jump around on some rocks, with little care for the potentially terrible consequences. Nothing heard during the inquest will ever provide the answer.

Similar doubt surrounds a case involving an individual whose identity was never discovered after being drowned in the Hobart wharf in 1897.¹⁶⁸ Little was known about the man, except that he was 68 years old, had recently arrived from Melbourne, had been looking for work without success, and had complained of a lack of money. The jury evidently could not be certain whether he threw himself into the wharf in a fit of despair, if he drowned his sorrows in a bottle and stumbled in accidentally, or if any number of other scenarios transpired. Juries and coroners were not willing to use evidence such as a family history of suicide,

¹⁶⁸ Inquest Files, AGD20/1/10 (no. 8834), TAHO.

previous attempts or ‘tell-tale threats’ as the basis for a suicide verdict, tending to err instead on the side of caution. They took their roles seriously and required clear evidence before returning a finding of suicide.

There is some evidence the evidentiary requirements of Tasmanian jurors and coroners in cases of suicide had the potential to disproportionately mask the suicidal behaviour of some individuals, and particularly that of women. In December 1910 Elizabeth C. drowned in a dam near her home.¹⁶⁹ She had previously expressed a desire to go swimming, and had told her husband she knew how to swim. However, she had entered the dam at around 11pm, a very strange time even in the middle of summer. Her sister testified she had been living in an unhappy and physically abusive relationship, and stated she was not being provided with enough food. The husband and several others denied this was the case, and the medical examiner stated there were neither external marks of violence nor signs of malnourishment.

The coroner, in summing up, stated he could not be sure where the truth of the matter lay. He said ‘no sufficient evidence has been shown as to any motive why she should take her own life’, and explained he could therefore ‘only’ bring in an open verdict.¹⁷⁰ Cultural understandings of suicide and what constituted satisfactory evidence shaped the outcome of the inquest: Elizabeth’s claims about her treatment at the hands of her husband, relayed through her sister, were deemed insufficient by the coroner. The absence of culturally credible motives (from the perspective of the person making the judgement, in this case the coroner) influenced the interpretation of the physical facts of the case. ‘Open’

¹⁶⁹ Depositions and Papers Relating to Coronial Inquests on the West Coast, AGD21/1/2, TAHO.

¹⁷⁰ Emphasis added. *Zeehan and Dundas Herald*, 14 December 1910, p. 1.

and ‘accidental death’ verdicts demonstrate the limits of cultural aetiologies of suicide.

‘Suicide’ verdicts 1868-1909

Between 1868 and the end of 1909 there were seventy-five cases in which a verdict of suicide was returned without an additional judgement that the individual had been insane at the time of their death. As was discussed in Chapter 1, such ‘suicide’ verdicts carried potential, if unlikely, consequences for burial rites and life insurance payments. Additionally, suicide remained a crime until 1914. Although after 1873 such a verdict carried no legal consequences, it has also been suggested by a number of historians that ‘suicide’ verdicts were used to reflect a community’s condemnation of the deceased individual, and, in more recent times, that the punishment these carried existed mostly in the stigma attached to the judgement.¹⁷¹

The most common explanation historians have given for ‘suicide’ verdicts is that the individual was perceived to be guilty of some other moral violation, such as involvement with crime or addiction to alcohol, and such cases can indeed be found within this sample.¹⁷² However, this is not evidence of a causal link. Not only do such ‘immoral’ cases make up only a small portion of Tasmanian suicide verdicts—therefore leaving a large number still unaccounted for—but, as has been shown above, there also were numerous instances where people in these circumstances were judged to have been insane at the time of their death. Connection to some other moral contravention cannot account for the evidence in Tasmania.

¹⁷¹ MacDonald and Murphy, *Sleepless Souls*, pp. 126-39; Anderson, *Suicide in Victorian and Edwardian England*, pp. 222-3; Cooke, ‘Secret Sorrows’, pp. 93-6, 122-30.

¹⁷² *Ibid.*

Simon Cooke, writing about Victoria in a similar period, has come closer to an explanation that could be applied to the Tasmanian records. He suggests that what linked the cases that resulted in 'suicide' verdicts was that the individuals involved had actively expressed a wish to die.¹⁷³ Cooke's position—that the evidence and testimony provided during the inquest process about the immediate circumstances of the suicide were the most important determinants of final verdicts—represents an important break from the view that such verdicts were driven by rigid, and much broader, moral codes.¹⁷⁴ Cooke's work refocuses our attention on social attitudes to *suicide*.

However, there are also a number of problems with his position. First, as with the objections raised about the influence of a criminal history or drinking problem, cases in which an individual stated their intention to die only made up a small fraction of the overall number of 'suicide' verdicts delivered in Tasmania, which leaves many still without an explanation. Second, there are many instances in which people who were deemed insane at the time of their death had verbally stated a desire or intention to die¹⁷⁵, had expressed such a wish through a suicide note¹⁷⁶, had resisted medical help or other forms of potentially life-saving assistance¹⁷⁷, or had acted in such a way that implied a strong determination to die¹⁷⁸. In other words, there are many more counter-examples to Cooke's schema than there are cases that fit his thesis. In line with the

¹⁷³ Cooke, 'Secret Sorrows', p. 123.

¹⁷⁴ See also Ian Miller, 'Representations of Suicide in Urban North-West England C.1870-1910: The Formative Role of Respectability, Class, Gender and Morality', *Mortality*, 15, no. 3 (2010), pp. 191-204.

¹⁷⁵ Inquest Files, AGD20/1/13 (no. 9579), TAHO; Inquest Files, AGD20/1/16 (no. 5), TAHO.

¹⁷⁶ Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/70 (no. 10286), TAHO; *Daily Telegraph*, 15 August 1893, p. 1; Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/70 (no. 10434), TAHO; *Tasmanian*, 24 November 1894, p. 32.

¹⁷⁷ *Launceston Examiner*, 26 November 1894, p. 6; *Daily Telegraph*, 7 July 1910, p. 5.

¹⁷⁸ Inquest Files, AGD20/1/7 (no. 8403), TAHO.

historians writing before him, Cooke has also chosen to see 'unsound mind' verdicts as sympathetic, and 'suicide' verdicts as condemnatory. This undercuts his otherwise helpful realignment of the literature away from viewing inquest verdicts as reflecting a wider moral judgement. As will be shown in more detail below, his assertion that 'the horror of sane suicide remained strong, at least where intent could be clearly proven' is not particularly applicable to Tasmania around the turn of the twentieth century.¹⁷⁹

The most significant factor linking 'suicide' verdicts to one another, present in just over half of all cases, is the absence of any testimony or evidence that might have pointed to a motive or reason for the suicide. An example of this can be found in the case of John A., who poisoned himself with arsenic in 1907.¹⁸⁰ His wife told the inquest she had 'never heard him complain or make any threat to take his life', there 'was no poison in the house he could procure', and she 'could not advance any reason why he should take his own life'.¹⁸¹ Michael Breen, a passer-by who found John A. alive and was asked by him to obtain medical assistance, similarly said that John A. 'did not say why he took the poison, or make any complaint'.¹⁸² The foreman of the jury asked the medical officer for his view as to John A.'s sanity, and was told he had 'no idea what state of mind the deceased was in at the time'.¹⁸³ In short, there was nothing to help the jury to explain or understand his death.

¹⁷⁹ Cooke, 'Secret Sorrows', p. 124.

¹⁸⁰ Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/77 (no. 12078), TAHO.

¹⁸¹ *North Western Advocate and the Emu Bay Times*, 26 February 1907, p. 4.

¹⁸² *Ibid.*

¹⁸³ *Ibid.*

As has been demonstrated, some plausible evidence of mental illness, whether independent of or consequent upon other circumstances, was an essential feature of 'unsound mind' verdicts. These were not verdicts that were given out of habit, sympathy, or because jurors simply assumed insanity from the very act of suicide. They were delivered because the evidence presented during the inquest cohered with the jury's general understanding of the connection between mental ill health and suicide, and therefore provided them with a coherent explanation for what had occurred. The obvious corollary of this is that, where such evidence was not present, the jury could not reasonably understand the death as being the product of mental ill health. They therefore could not produce a verdict that mental ill health was the cause of the suicide.

In addition to the thirty-eight cases where no possible cause was mentioned, all but eight of the remaining 'suicide' verdicts contained testimony that may have hinted at a possible motive but was not directly linked to the development of a mental illness. For example, the inquest of George L. heard how he suffered from rheumatoid arthritis, and complained of pain in his legs because of this.¹⁸⁴ However, his doctor stated that 'he was not more despondent than one might expect under the circumstances, and was always grateful when anything was done for him'.¹⁸⁵ Prior to his suicide he had been moved from a charitable institution in Launceston to Hobart, and it was noted that 'he expressed his appreciation of the change'.¹⁸⁶ In these statements there is a clear difference between those individuals who were judged to have been of 'unsound mind' and those who were not. As was shown above, the presence of physical ailments was

¹⁸⁴ Inquest Files, AGD20/1/12 (no. 9429), TAHO.

¹⁸⁵ *Ibid.*

¹⁸⁶ *Ibid.*

not seen, in itself, as a sufficient explanation of suicide. Instead, such testimony would link such ailments to suicide by highlighting how such conditions caused depression or some other form of mental illness. In this case, and in the others like it, no such link to depression or mental illness was made. There were circumstances raised that might have generally been seen as a possible precursor to depression or mental illness, but no evidence of such was provided, or able to be provided. There was accordingly no basis on which the jury could return a verdict that the individual had been of 'unsound mind' at the time of their suicide.

Three other cases, occurring in 1900, 1908 and 1909, would have been included in this category, if it were not for possible differences in the reason for the verdict. The first involved the suicide of an eleven-year-old boy, Henry J., who had been malnourished and physically abused by his foster mother, Martha Hanney.¹⁸⁷ In the days prior he had been keeping a rope hidden inside his jacket, which he had shown to a friend and explained to him that he planned to hang himself.¹⁸⁸ Immediately before his suicide he had broken a glass jar whilst trying to taste some cake mix, some of which was still smeared around his emaciated face when he was found hanging in a stable.¹⁸⁹ No evidence was presented of a mental illness, though no witnesses except his foster mother and her daughter were in a position to be able to provide it. As was shown earlier, the suicides of children were the one exception to the rule that coronial juries would not assume mental illness. However, in this case they also wanted to record their

¹⁸⁷ Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/73 (no. 11148), TAHO; *Mercury*, 28 January 1900, p. 3; *Daily Telegraph*, 29 January 1900, p. 2; *Daily Telegraph*, 27 January 1900, p. 4; *Mercury*, 30 January 1900, p. 3.

¹⁸⁸ *Ibid.*

¹⁸⁹ *Ibid.*

belief the foster mother was ultimately responsible for his suicide, adding a rider to the 'suicide' verdict that 'we are of opinion that the cause of deceased's act was the harsh and strident treatment of his foster-parent, Mrs Hanney'.¹⁹⁰ In this case, not only did the jury have a clear reason to explain Henry J.'s suicide, but an 'unsound mind' verdict presumably would have also diminished the effect of their condemnation of Mrs Hanney. This 'suicide' verdict therefore carried precisely the opposite meaning that is generally attributed to them: it was not a post-mortem condemnation of Henry J., but an expression of support, sympathy, and anger at his treatment.

The two remaining cases were similar in that they involved the suicides of teenage girls. One had taken poison with her boyfriend after their parents had opposed their marriage, while the other drowned herself after reading a letter from her boyfriend who was living in Melbourne.¹⁹¹ In both cases, some doubt was cast over the importance of the supposed motives, though both inquests also heard testimony that recounted despondent behaviour. Evidence of this sort would generally be enough for juries to record an 'unsound mind' verdict, and so the fact it was not, combined with the fact teenage suicides were also the sole exceptions to the pattern of evidence being required for 'unsound mind' verdicts, shows Tasmanians were much less clear about how to understand the suicides of minors. They struggled to make sense of such deaths in the same way they did

¹⁹⁰ *Ibid.*

¹⁹¹ *Zeehan and Dundas Herald*, 27 April 1909, p. 2; Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/78 (no. 12263), TAHO; *Examiner*, 9 April 1908, p. 5.

for adults, and this was reflected in the inconsistent and unpredictable verdicts they returned.¹⁹²

Five remaining 'suicide' verdicts are not explained by any of the above analysis. Each of these involved individuals who found themselves in difficult circumstances, which witnesses subsequently linked to the development of depression (but not psychosis).¹⁹³ The view that depressive disorders were both a sufficient explanation for suicide and a legitimate basis for an 'unsound mind' verdict was dominant but by no means unanimously held. As Chapter 1 demonstrated, some Tasmanians felt strongly enough about this issue that they would write letters to newspapers complaining of what they perceived as the carelessness with which such judgements were delivered, and demanding coronial juries adopt a more legalistic approach.¹⁹⁴ It would therefore not be inconceivable that nine juries in the space of forty-one years were dominated or persuaded by people who held such views. In fact, it would be surprising—and suspicious—if there were not a handful of cases that did not fit the overall trend. Tasmania did not have a homogeneous approach to understanding suicide, and from time to time minority views would be reflected in inquest verdicts.

¹⁹² Such an argument shares broad similarities with Terence R. Murphy, "'Woful Childe of Parents Rage': Suicide of Children and Adolescents in Early Modern England, 1507-1710", *The Sixteenth Century Journal*, 17, no. 3 (1986), pp. 259-70, who finds that early modern England 'saw only the surface of the phenomenon' of child suicide, and produced only 'superficial explanations of childhood suicide'.

¹⁹³ Inquest Files, AGD20/1/12 (no. 9348), TAHO; Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/74 (no. 11322), TAHO; Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/74 (no. 11241), TAHO; Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/73 (no. 11053), TAHO; Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/60 (no. 8102), TAHO.

¹⁹⁴ See, for example, *Tasmanian Tribune*, 4 October 1873, p. 2; *Weekly Examiner*, 4 October 1873, p. 8.

‘Suicide’ verdicts, 1910-1943

As ‘unsound mind’ verdicts became significantly less frequent following the abolition of coronial juries, so too did ‘suicide’ verdicts become increasingly common. Before 1910, more than three-quarters of all inquests resulted in ‘unsound mind’ verdicts, whereas after 1910 there were almost exactly the same number of ‘suicide’ verdicts as ‘unsound mind’ verdicts.

The reason for this is almost entirely due to the different way in which coroners as a group interpreted reports of mental ill health. Of the 213 inquests resulting in ‘suicide’ verdicts during this period, 47 heard testimony that the individual had been depressed. In a further 24 cases, testimony was given that the individual had either been suffering from nerves or had been ‘worried’ (which was a reference to anxiety or acute stress). If these cases had resulted in ‘unsound mind’ verdicts, as they would almost certainly have done if coronial juries had been retained, then ‘suicide’ verdicts would have continued to make up only around a quarter of all verdicts.

With so much control now placed in the hands of single individuals, judgements were more easily moulded to their particular ideological or aetiological understanding of mental illness and suicide. Thomas Bennison, one of Hobart’s coroners, was particularly reticent to return ‘unsound mind’ verdicts. All ten of the inquests he held over the five-year period from the beginning of 1910 resulted in ‘suicide’ verdicts, including one case that involved a woman who had previously threatened and attempted suicide, who had twice been admitted to a psychiatric hospital (once for a period of two years), whose family had ‘frequently’ sought medical advice ‘regarding her state of mind’, and who was

described as being 'very despondent' in the days preceding her death.¹⁹⁵ Bennison's record contrasts starkly with that of Hobart's other coroner, Walter Wise, who returned four 'unsound mind' verdicts and two 'suicide' verdicts over the same period. In other words, not only did the abolition of juries reduce the frequency of 'unsound mind' verdicts, it also heightened the unpredictability of inquest verdicts. The unique experience of coroners with such matters, coupled with the fact that over ninety per cent had some form of legal training through being, or having previously been lawyers, magistrates or justices of the peace, meant that their views were almost certainly more specialised than those of regular jury members. Their power to determine verdicts individually meant their views were also not moderated by the opinions of others.¹⁹⁶ Coroners, just like the ordinary citizens who had previously determined the results of inquests, were influenced in their decision-making by their assumptions, beliefs, and understandings about the nature and causes of suicide, as well as their understanding of what it meant to be 'insane'.

As has already been discussed above, coroners gave more emphasis to professional medical testimony than juries. The reliance upon medical experts for determinations about the mental health of suicide victims demonstrates again the conclusions of Chapter 2 that inquests were becoming increasingly professionalised throughout the early twentieth century. Importantly, it was not a case of the opinions of doctors carrying more weight, as there was not a single case in the years prior to 1910 in which a jury rejected a medical opinion that an individual had been suffering from a mental illness at the time of their suicide.

¹⁹⁵ *Mercury*, 11 February 1911, p. 7.

¹⁹⁶ In 1890, for example, only six of the seventy-three coroners in Tasmania did not have such experience. See J. Walch & Sons, *Walch's Tasmanian Almanac* (Hobart, 1890), pp. 70-87, 110-5.

Instead, the testimony of lay witnesses regarding the presence of mental illness carried less weight. It would be more accurate to say coroners saw professional medical testimony as *relatively* more important than the testimony of friends and relatives, and this differed significantly from the general approach of coronial juries.

Contained within such an approach is also a different view about what constituted 'insanity' in cases of suicide. As was shown, juries utilised 'unsound mind' verdicts to acknowledge the presence of circumstances that were believed to indicate or cause depression, psychosis, or other forms of mental ill health. Recognising diminished responsibility or capacity for rational thinking was part of their broader understanding about the causes and nature of suicide. Many coroners, by contrast, appear to have taken a much more rigidly legalistic approach, whereby an 'unsound mind' verdict meant that an individual was unable to distinguish right from wrong, and which also required that such 'insanity' had to be proven beyond doubt. This is not only why medical evidence was generally required, but also why lay testimony clearly establishing psychosis would be seen as sufficient evidence of mental illness, while testimony detailing depressive disorders would not. The melancholy were insufficiently insane.

This also demonstrates again the problematic nature of an interpretation of inquest verdicts that sees them as either sympathetic or condemnatory, or carrying any overt moral message.¹⁹⁷ It would be highly unlikely that coroners were more likely to be morally offended by suicide, and to return harsher

¹⁹⁷ This is not to say that verdicts did not carry implicit moral messages, either from the state or from the individual or individuals making them. What it does mean is that juries and coroners did not return verdicts that did not reflect their honest view of the facts of the case (which were nevertheless informed to some degree by morality), for the purpose of enforcing a particular moral position (for example against drinking or crime).

verdicts accordingly. Much more plausible is that their legal backgrounds led them to take a different view of what constituted insanity for the purposes of inquest proceedings, and to demand stronger evidence for any such claims. Their verdicts, while consistently different from those who served on juries, were nevertheless delivered with the same degree of honesty and seriousness of purpose.

There is also little evidence to suggest coroners used their verdicts to condemn those who may have been perceived as in some way immoral. Alcoholics and criminals were not obviously treated differently to those who led virtuous and scandal-free lives. Historians have never questioned the idea that coroners delivered honest verdicts based upon their interpretations of the facts of the case, and neither have they suggested that medical testimony—such as was provided by Dr Crowther and which expressed an understanding of mental illness and suicide that was very similar to most juries—expressed anything other than a sincere, even perceptive, professional opinion.¹⁹⁸ So why has it been so frequently assumed that juries were driven by simplistic moralism, rather than a genuine aetiology of suicide and a desire to understand what had occurred?

In part, this has been due to the fact that in earlier centuries sane suicide did indeed carry harsh legal penalties that juries were uncomfortable imposing on the dead. But for authors of more modern periods, I believe that this approach is a combination of two factors. First, these authors have not shared the juries' definition of 'insanity' with respect to suicide, and have not really considered

¹⁹⁸ In fact, Victor Bailey seems surprised that a jury would believe the testimony of a woman's sister regarding her mental ill health, even when her doctor had stated that she was not insane. Bailey, *"This Rash Act"*, p. 71.

that an alternative definition could be possible. They have instead assumed the prominence of definitions that centre on psychotic behaviour and the ability to determine right from wrong. Accordingly, they have viewed 'unsound mind' verdicts as untrue to the facts of the case, disingenuous, and as being motivated by something other than a desire to return an accurate verdict.¹⁹⁹ Second, owing to the much greater number of 'unsound mind' verdicts, historians have seen more value in examining 'suicide' verdicts, as these are considered to be more likely to reflect deviations from social norms.²⁰⁰ Not properly understanding why and in what circumstances 'unsound mind' verdicts were returned has led them to see lifestyle factors, such as alcoholism or crime, as occupying a much greater role in determining 'suicide' verdicts than is warranted.

'Balance of mind disturbed' verdicts

On 22 September 1937, Attorney-General Eric Ogilvie received a letter from Mrs T. K. Robson that read as follows:

Dear Sir –

Will it be possible for Tasmania to follow the new finding of Coroners in England in giving verdicts on Suicide deaths—Not, unsound mind, now—"While the balance of his (or her) mind was disturbed"! It is more comforting to unfortunate relatives, and more humane altogether, I am sure you will agree.

As I know you have all the power and good will in the world, I place the suggestion before you—

¹⁹⁹ MacDonald and Murphy, *Sleepless Souls*, pp. 126-39; Anderson, *Suicide in Victorian and Edwardian England*, pp. 222-3; Conley, *The Unwritten Law*, p. 63; Cooke, 'Secret Sorrows', pp. 93-6, 122-30.

²⁰⁰ *Ibid.*

Yours faithfully,

Mrs T. K. Robson²⁰¹

A week later, the Attorney-General responded that he agreed the proposed verdict was 'much more comforting to the relatives', and stated that he would send a circular to all coroners 'asking that they should bear the new verdict in mind when such cases come before them'.²⁰² This he did on 20 October.²⁰³

Many coroners responded to his circular in writing. Wynyard Coroner George William Easton wrote that he considered the 'suggestion a good one', another called it 'splendid', and Ringarooma Coroner Robert Scott said he felt 'sure it would be much more comforting as you suggest'.²⁰⁴ Several others made similar statements.²⁰⁵ This demonstrates clearly the contention above that 'unsound mind' verdicts should not necessarily be seen as charitable verdicts. Instead, given the common view that this verdict would be 'much more comforting', it seems that there was probably some degree of stigma attached to verdicts that an individual had been 'insane'.

That 'unsound mind' verdicts were not seen as kind or charitable is also evident in Mrs Robson's subsequent response to the Attorney-General:

Dear Sir

I have never experienced greater satisfaction than when I read your reply to my request relative to findings at Coronial enquiries on cases of suicide. Although I have never experienced the position, I can sympathise with those whose misfortune it is, and your

²⁰¹ General Correspondence, AGD1/1/149, TAHO. I have been unable to locate any evidence about Mrs Robson or why she may have been so interested in suicide verdicts. Her subsequent response to the Attorney-General, reproduced below, states that she had never experienced the loss of a loved one through suicide, and there is no one among the inquest files with the same surname.

²⁰² *Ibid.*

²⁰³ *Ibid.*

²⁰⁴ *Ibid.*

²⁰⁵ *Ibid.*

desire to alleviate it if possible is of the upmost humanitarian value. With sincere appreciation and thanks.

Yours faithfully

Mrs T. K. Robson²⁰⁶

Neither Mrs Robson's original letter, the Attorney-General's response, his circular to coroners, their responses, or Mrs Robson's later reply make much sense unless it was widely understood that there was something distressing about having a relative receive an 'unsound mind' verdict. It also makes little sense that these were employed by juries to express moral sympathy.

Equally interesting is the response of a coroner from Gould's Country (whose name I cannot decipher from his signature), who stated he believed the 'new verdict to be more suitable to cases of the kind'.²⁰⁷ Though it is difficult to be completely certain, what the coroner appears to be saying is that he believed the new verdict was more accurate than 'unsound mind' or 'suicide' verdicts. This supports the argument of earlier sections that coronial juries, and through them, the majority of Tasmanians, believed that suicide was generally a response to challenging circumstances and mental ill health, and that this is what was often meant by 'unsound mind' verdicts (whether or not they believed the person to be legally 'insane').

Other coroners evidently agreed with him. Of the 103 inquests occurring after this point, 89, or 86.4 per cent, returned the new verdict. The greater nuance contained within the verdict meant that coroners no longer felt the need to return verdicts that someone was either 'insane' in a legal sense or completely responsible for their actions. Depressive disorders could be accounted for, as

²⁰⁶ *Ibid.*

²⁰⁷ *Ibid.*

could the effect of other pressures and stresses. This suggests coroners did not have a significantly different aetiology of suicide from those Tasmanians who had served on coronial juries, but had simply held a different view as to the definition of 'unsound mind'.

Conclusion

This chapter has demonstrated that in late-nineteenth and early-twentieth century Tasmania, coronial juries delivered 'unsound mind' and 'suicide' verdicts depending upon the evidence presented to them. 'Unsound mind' verdicts would be delivered in cases that pointed to the presence of mental ill health. Most common were stories of depressive disorders, which were also often seen as consequent upon physical conditions, unemployment, and relationship troubles. Psychotic conditions were also a significant component of society's aetiology of suicide, as, increasingly, was the condition known as 'nerves'. 'Suicide' verdicts would be delivered where no evidence of circumstances such as these was forthcoming. Particularly through its discussions of the questions asked by coroners, the chapter has also shown the role of cultural understandings of the causes of suicide in the very process of bringing such evidence to light.

Coroners were more likely than juries to return 'suicide' verdicts because as a group they defined 'unsound mind' in a more legalistic sense than juries had. It was not the case that they used such verdicts to impose a moral judgement upon people who had died from suicide, as many such verdicts were also delivered with an expression of sympathy to the surviving family.²⁰⁸ Once the more nuanced 'balance of mind disturbed' verdicts became available, coroners were in

²⁰⁸ See, for example, *Advocate*, 31 March 1937, p. 7.

fact more likely to return this verdict than juries had been to bring down 'unsound mind' findings. Coroners were also inclined to give more weight to professional medical opinion than had previously been the case, and this furthered (and was also a product of) the growing professionalisation of suicide more generally.

The chapter has also explored some of the ways in which society attempted to respond to suicide. Families would conceal dangerous weapons, implements or chemicals from suicidal relatives. From the 1920s especially, they would also seek professional help for their loved ones. This was easier for suicidal women, and wealthier Tasmanians had many more treatment options available to them than those who lacked the means to pay for their care. Sometimes threats or warning signs would not be noticed or taken as seriously as they should have been in hindsight, but I suspect that remains a common experience of surviving friends and family today. More telling from a cultural perspective is that there is not a single file in the dataset containing evidence of suicidal expressions or behaviour bringing about social stigma or sanctions.²⁰⁹ Tasmanians generally tried to do what they could to help with the means that were then available to them.

Understanding the reasons that lay behind the different inquest verdicts and social responses has significant implications for our understanding of popular and professional conceptualisations of suicide and the suicidal process. The majority of Tasmanians, including many doctors, viewed suicide as being triggered by circumstances foisted upon unfortunate individuals, who in some

²⁰⁹ This is not to say that it did not sometimes occur, of course, but it is not something that is apparent simply from reading inquest records.

particular way—generally because of mental ill health—did not possess the capacity shared by others facing similar scenarios to deal with their troubles. Familiar and understandable circumstances preyed upon individuals to the point that their thinking processes deviated from those of their peers and ended with their suicide: this was what was meant when juries determined that a suicide had occurred ‘whilst of unsound mind’, or when coroners returned ‘balance of mind disturbed’ verdicts. They were both a morally neutral and a factual explanation.

Two conclusions follow from this. First, suicide was either not as stigmatised as is often assumed, or at least inquest verdicts were not the mechanism by which such stigmatisation was enforced. Second, suicide was not understood particularly differently to how it is today. It was, for the most part, viewed as a tragic result of mental ill health, often in combination with other challenging circumstances.

MacDonald has stated that inquests on unidentified individuals are a good test of how a society viewed suicide in the abstract, as concerns about families, reputations and legal consequences were not likely to influence the results.²¹⁰ He finds that even in these circumstances eighteenth-century English juries would return verdicts that such individuals were insane at the time of their death. I agree that such cases are a useful way to glimpse abstract views of suicide, and, luckily, one such case can be found in the records of Tasmania. It involved an unknown man who shot himself in 1895.²¹¹ There was no one who could detail any circumstances or conditions that may have contributed to his suicide, and he

²¹⁰ MacDonald, 'The Secularization of Suicide', p. 91.

²¹¹ Inquest Files, AGD20/1/8 (no. 8494), TAHO.

left no evidence himself that could help to explain his death. As the findings of this chapter would predict, the jury at his inquest returned a 'suicide' verdict. They might have suspected that mental illness lay behind his death, but they also adhered to the evidence-based inquest system.

Chapter 4: Suicide in the Tasmanian Press

Suicide was consistently featured in Tasmanian newspapers between 1868 and 1943. Most common were reports of suicides or attempted suicides that occurred in Tasmania. Coverage of inquests generally produced the most detailed articles, though many articles were written before an inquest had been conducted and contained information from local sources such as police, hospitals and witnesses. Newspapers also provided a forum for the discussion of suicide through their letters' sections, and, though such reports can sometimes be hard to verify, also gave a voice to the suicidal by reproducing their final letters. What follows will explore these various ways in which suicide was discussed in Tasmanian newspapers, and will unpick what such discussions can tell us about how Tasmanian society understood and sought to manage suicide.

In doing so, this chapter will draw upon Michael MacDonald's article 'Suicide and the Rise of the Popular Press in England', as well as his later book, *Sleepless Souls*, published with Terrence Murphy. MacDonald and Murphy have argued that in the century prior to 1760 newspapers both reflected and encouraged secular interpretations of suicide by the manner in which they presented their reports of self-accomplished deaths.¹ It is their view that the success of newspapers as a medium was fundamentally connected to its adoption of the conventions and assumptions of the increasingly dominant approaches of literary realism and epistemological empiricism. They argue this focus meant newspapers would eschew supernatural or religious interpretations in favour of providing as much

¹ Michael MacDonald, 'Suicide and the Rise of the Popular Press in England', *Representations*, 22 (1988), pp. 36-55. See also Michael Macdonald and Terence R. Murphy, *Sleepless Souls: Suicide in Early Modern England* (Oxford, 1990), pp. 301-37.

detail as possible and allowing 'readers to judge the meaning of the deaths they recounted for themselves'.² In turn they propose this apparent neutrality and thoroughness encouraged readers to empathise rather than judge, to view suicide as a common and explicable form of human behaviour, and to reach for 'modern', 'medical' and 'scientific' explanations of suicide.³

A number of historians have identified potential problems with such an approach. Reginald Zelnik has noted that, if newspapers are to be seen as contributing something unique to changing understandings of suicide, rather than simply reflecting and reinforcing attitudinal changes that had already occurred, then it must be shown exactly how this process operated. He cautiously suggests that the very fact that newspapers employed a style of journalistic realism does not in itself guarantee that this would have changed the mind of anyone not already predisposed to doubt the influence of the devil in people's day-to-day thoughts and actions, because realism as a literary technique is not necessarily incompatible with interventionist religious beliefs. The intricate and grim detail of suicides and the victims' circumstances supplied by the newspapers might also have been equally capable of reinforcing a view that the devil's handiwork was all around.⁴

Much less circumspect is Rab Houston, who argues that newspapers and journalists did not intend to present their information in an outwardly objective and morally neutral way, but instead used culturally coded, value-laden language to signal to their readers a much less sympathetic understanding of suicide than

² MacDonald, 'Suicide and the Rise of the Popular Press in England', p. 51.

³ MacDonald and Murphy, *Sleepless Souls*, pp. 301-37. On the role of greater information in encouraging greater compassion, see Cooke, 'Secret Sorrows', p. 78.

⁴ Reginald E. Zelnik, 'From Felons to Victims: A Response to Michael Macdonald', *Representations*, 22 (1988), pp. 55-9.

MacDonald and Murphy portray.⁵ He argues that seemingly innocuous details such as the place of residence of the deceased carried meanings to the newspapers' audiences about the social status of the deceased, which in turn affected the extent to which they would view such a death with compassion.⁶ Similarly, Houston argues MacDonald and Murphy misinterpret the vocabulary of the period, and words such as 'unhappy' were not employed to invoke feelings of sympathy, but instead were more synonymous with condemnatory words and phrases such as 'wretched in mind', 'troublesome', or 'mistaken'.⁷ 'A story that looks humane', he warns, 'offers in reality a censorious argument about social problems and individual failings' in which 'every single piece of information is designed to explicate a deeper moral point'.⁸

Donna Andrew has doubted the entire premise of MacDonald's 'secularisation thesis', stating instead that conservative opinion remained strong throughout the eighteenth century. She chastises Macdonald for relying too heavily upon 'fashionable periodicals' she believes masked the true state of public opinion. She argues that nineteenth century changes to the laws that prohibited and punished suicide were not the result of an increasingly 'secular and rational attitude', but of a compromise between those who wished to medicalise suicide and insanity

⁵ Rab Houston, 'Fact, Truth, and the Limits of Sympathy: Newspaper Reporting of Suicide in the North of England, Circa 1750-1830', *Studies in the Literary Imagination*, 2, no. 44 (2011), pp. 93-108. Of course, this is not to suggest that newspapers presented their reports of suicide in a way that was somehow devoid of any ideological or philosophical positions—far from it. It is instead to suggest that moral neutrality to suicidal death was the dominant political view in their publications.

⁶ *Ibid.*, p. 101.

⁷ *Ibid.*, p. 100.

⁸ *Ibid.*, pp. 98, 100. On p. 101 Houston also states that 'moral commentary... was the main purpose of suicide reporting in the newspapers'.

and those who sought to prevent coronial juries from returning verdicts they believed to be contrary to law.⁹

This chapter will consider which perspective is most suitable for understanding the coverage of suicide and its effect in Tasmania between 1868 and 1943. While the chapter as a whole is based upon an extensive database of newspaper articles, part of its analytic strategy will involve analysing in detail a selection of representative articles, taken at intervals across the chronological period, and from each of Tasmania's major newspapers. Doing so will require several quotes that are longer than is usually desirable, but it is the only way to properly assess whether newspapers were encoding their reports with more conservative attitudes than it might at first appear. Picking out individual phrases or sentences does not give the same sense of the tone or overall meaning of an article, and particular words can be assigned a meaning that was never intended. The chapter will also assess the extent to which newspapers went beyond a mere passive echoing of their readers' views, and thereby contributed something unique or different to Tasmanian attitudes to suicide. Most of all, it will analyse how these approaches might have changed over time, and how any changes were connected to broader shifts in Tasmanian approaches to suicide.

Newspapers in Tasmania

Hobart's largest newspaper during the period, the *Mercury*, was ideologically conservative, and increasingly so as the period progressed.¹⁰ Greater geographical separation from the government in Hobart, as well as Launceston's

⁹ Donna T. Andrew, 'The Secularization of Suicide in England 1660-1800', *Past & Present*, 119 (1988), pp. 158-165.

¹⁰ Michael Roe, 'Newspapers', in Alison Alexander ed., *The Companion to Tasmanian History* (Hobart, 2005), pp. 251-2.

status as a strong commercial centre, meant that Launceston's largest paper, the *Examiner*, hewed more closely to the interests of the business community.¹¹ Generally this also resulted in a conservative editorial stance, though at times it championed issues such as anti-transportation and the institution of municipal government that rankled government conservatives.¹²

Both of these papers had competition. In Hobart, the *Daily Post* operated between 1908 and 1918, and was established to counter what was perceived by them to be the failings of the more conservative *Mercury*.¹³ Though the *Daily Post* described their approach as 'staunchly advocating the principles of democratic Liberalism', they nevertheless had strong strands of socialist thought running through their editorial stances.¹⁴ They advocated a range of protectionist measures and for a White Australia, and merged with the outwardly labour-oriented newspaper, the *Clipper*, in 1910.¹⁵

The *Tasmanian News* ran in Hobart from 1883 to 1911, and can probably be characterised as a progressively-minded liberal paper. It advocated for reforms that would benefit the broader community under its stated ethos that 'the public good must be preferred to private advantage'.¹⁶

In Launceston, the *Daily Telegraph* was one of the more enduring minor papers, operating from 1883 to 1928. Much like the *Daily Post* in Hobart, they described themselves as liberal while upholding a number of left wing positions. In their

¹¹ Stefan Petrow, *Sanatorium of the South?: Public Health and Politics in Hobart and Launceston, 1875-1914* (Sandy Bay, 1995), p. 29. The paper was named the *Launceston Examiner* until 1 January 1900.

¹² *Ibid.*; Michael Roe, 'Anti-Transportation (of Convicts),' in Alison Alexander ed., *The Companion to Tasmanian History* (Hobart, 2005), pp. 19-20.

¹³ *Daily Post*, 27 May 1908, p. 4.

¹⁴ *Ibid.*

¹⁵ *Ibid.* The *Clipper* will be discussed in greater detail below.

¹⁶ *Tasmanian News*, 17 November 1883, p. 2.

first editorial, for example, the *Daily Telegraph* thundered that ‘the breadwinner, the farmer, the tradesman, the miner, and the artisan form the bone and sinew of the community, and that any attempt to stamp them under foot, or to cripple their energies with class legislation must be strangled in embryo’.¹⁷

The *Tasmanian* described itself as the ‘largest and best paper ever published in this colony’.¹⁸ In weekly print for almost nine years in the 1870s, its stated position was ‘thoroughly liberal’, and it placed particular emphasis on providing detailed coverage of both domestic and European affairs.¹⁹ For this reason it might be considered reflective of more ‘high brow’ publications in Tasmania.

Tasmania’s northwest was served primarily by the *North Western Advocate and the Emu Bay Times*, which was the result of a merger in 1899 between the two titles, and which later became simply the *Advocate* in 1919. Owing to the nature of the region, the newspaper had a strong focus on agricultural concerns. For this reason it tended to mirror the conservative tone of the *Examiner* and the *Mercury*, if not always their precise positions.²⁰ Several smaller papers came and went, such as the *North Western Chronicle*, which tried to provide a more progressive and liberal alternative. None survived long enough to be considered to have had a lasting impact on the region’s political landscape.²¹

On the west coast, the *Zeehan and Dundas Herald* was published tri-weekly between 1890 and 1922, and like the *Advocate* tended to focus on the chief economic interests that dominated the area: mining, primarily, but also agriculture and heavy industry. The paper took special pride in providing

¹⁷ *Daily Telegraph*, 18 June 1883, p. 2.

¹⁸ *Tasmanian*, 21 January 1871, p. 1.

¹⁹ *Ibid.*

²⁰ *North Western Advocate and the Emu Bay Times*, 4 January 1899, p. 2.

²¹ *North Western Chronicle*, 4 July 1887, p. 2.

readers with technical geological and mineralogical information, as well as news from other Australian mining centres.²²

What these newspapers shared, however, was a commitment to impartiality. The *Daily Telegraph* and the *Tasmanian* trumpeted their adherence to the motto of 'measures, not men'.²³ The *North Western Advocate and the Emu Bay Times* promised readers 'impartial criticism', and the *Zeehan and Dundas Herald* published under the banner 'IMPARTIAL, NOT NEUTRAL'.²⁴ The *Daily Post* pledged to readers that it would uphold the 'highest traditions of the British press', as did the *North Western Chronicle* when it told readers it would be 'a newspaper in the highest sense of the word'.²⁵ The *Examiner's* first edition, then published as the *Launceston Examiner*, declared that no newspaper could uphold its fundamental purpose if it were 'devoted to the ambition of a sect, or the interests of a caste'.²⁶ A boastful edition of the *Mercury* from 1860 spoke of its independence as a key reason for its success.²⁷

Such unanimity demonstrates the basic plausibility of MacDonald and Murphy's argument as it might apply to Tasmania. Newspapers, which after all were commercial enterprises, saw no benefit in declaring to readers that they would adopt a particular ideological viewpoint on every issue. This, in turn, suggests that the reading public valued accurate information (or the appearance thereof) above all else. With regards to coverage of suicide, and in MacDonald's words, it seems likely that Tasmanian readers were likely to have eschewed religious or

²² Christian newspapers will be discussed in Chapter 6.

²³ *Daily Telegraph*, 18 June 1883, p. 2; *Tasmanian*, 21 January 1871, p. 1.

²⁴ *North Western Advocate and the Emu Bay Times*, 4 January 1899, p. 2; *Zeehan and Dundas Herald*, 14 October 1890, p. 2.

²⁵ *Daily Post*, 27 May 1908, p. 4; *North Western Chronicle*, 4 July 1887, p. 2.

²⁶ *Launceston Examiner*, 12 March 1842, p. 3.

²⁷ *Mercury*, 2 July 1860, p. 2.

ideological interpretations, preferring to be provided with sufficient information 'to judge the meaning of the deaths [the newspapers] recounted for themselves'.²⁸

Reporting of Tasmanian suicides (pre-inquest)

There were essentially two ways in which newspapers formed their reports of Tasmanian suicides. In the first, newspapers would often learn of a suicide prior to an inquest being held, either through police reports or the provision of public information. Helpfully for historians, it was also not uncommon for newspapers to detail exactly how they had obtained their information. An article in the *Launceston Examiner* in 1897 spells out exactly how they uncovered news of Albert J.'s death in Ulverstone (approximately 120 kilometres away):

During yesterday forenoon a private telegram was received in the city to the effect that the dead body of Mr. Albert [J.] had been found on the Ulverstone beach early that morning with a bullet wound in the head. No particulars were wired. Another telegram was received by an intimate friend of the family from Miss [J.], and lent confirmation to the startling news, which was received with horror, and an intense feeling of regret, for deceased had been, until quite recently, closely identified with the commercial interests of this city, and was highly esteemed by all who knew him well.

Our Ulverstone correspondent wired particulars of the occurrence, from which it seems that the body was found in the water at Picnic Point, West Ulverstone, with a wound in the head, evidently inflicted with a pistol. A weapon of this description was missing from deceased's residence, but had not been found. The body was conveyed to Simpson's hotel to await the inquest.²⁹

²⁸ MacDonald, 'Suicide and the Rise of the Popular Press in England', p. 51.

²⁹ *Launceston Examiner*, 28 July 1897, p. 7.

In this passage we can see how newspapers gathered information about a suicide prior to the release of official information. They would uncover the existence of a potential story through intelligence gathered from community sources—typically either an individual who thought the information was in the public interest or someone to whom the newspaper was paying a small retainer to relay newsworthy intelligence—and would then get local correspondents to follow up. How precisely the telegrams referred to in this particular article came to the attention of the newspaper is uncertain, but it is clear they were essentially following traditional journalistic practices.

More important is the content of what was presented. The very fact the above passage emphasises the newspaper's information gathering process demonstrates their audience were not interested in simply reading about rumours, but needed a product that purported to give an accurate account of reality. This is why the newspaper stated—or boasted—that they could confirm the occurrence because of a telegram from the deceased's daughter that had been received by 'an intimate friend of the family'. Sources of information did not just help newspapers to discover and write articles but were also an important part of the stories themselves. As MacDonald and Murphy have suggested, journalistic realism and epistemological empiricism were central to the reporting of suicide in the Tasmanian press.³⁰

³⁰ It is likely that the utilisation of such techniques was connected, more broadly, to the professionalisation of journalism. As Stephen Banning has shown, journalists began organising professional societies, developing education and training programs inside universities, and discussing professional standards from the mid-nineteenth century. See Stephen Banning, 'The Professionalization of Journalism: A Nineteenth Century Beginning', *Journalism History*, 24, no. 4 (1998), pp. 157-63.

The remainder of the article also highlights the significance that was placed on identifying motives or causes, as well as the extent to which investigations of suicide centred upon physical evidence and medical opinion:

Deceased came to the colony rather more than 16 years ago, prior to which he had been a merchant in a large way of business in London, where his brother is now a well-known figure in city life, being closely identified with leading banking and commercial institutions. The first position Mr. [J.] took up in Launceston was that of confidential clerk to Messrs. Rooke and Maddox, wine and spirit merchants. After acting in that capacity for about three years, he accepted the appointment of secretary to the Launceston Club, and held it for some time, when, for a short period, he resided at Gravelly Beach. His country residence, however, extended over only a few months, when he returned to the city, and eleven years ago entered the employment of Messrs. Ducroz, Smith, and Co. (now Messrs. C. H. Smith and Co.), where he remained until a few months since. What led to his recent retirement from a business life was the fact that he inherited a substantial legacy from his mother, and this he proposed to enjoy in the capacity of an independent country gentleman. The choice of locality caused him considerable concern, and it was not until he had given great thought to the matter that he purchased a block of land in the Ulverstone district – a portion of Walker's estate, and in the vicinity of the residences of Mr. Barkworth and the late General Lodder. This decision having ended his trouble in the matter of finding a suitable place, he removed from the city with his wife and family of two boys and a girl, and about a month ago took up his residence in a convenient cottage, near Ulverstone, to await the building of a house on the farm he had purchased. When leaving the city, Mr. [J.] seemed to hail with a lively satisfaction the prospect of a retired country life, and appeared in the best of health and spirits. Occasionally he had fits of depression, and it is said that he suffered a good deal from neuralgic pains in the head, which were ascribed to business cares, and which the change to country life would, it was hoped, entirely remove. Deceased would be about 55 years of age, a little more, if anything, and was greatly respected by all who knew him intimately. He was of a reserved disposition, but those who were well

acquainted with him describe him as being most genial, and as of a most sociable and lively temperament. He had a capital fund of anecdote, and was an exceedingly entertaining companion. On all sides very great sympathy was expressed yesterday with the widow and family in their sad and sudden bereavement.³¹

The passage contains a number of notable features. The general tone of the article is overwhelmingly sympathetic, which is particularly important given the *Examiner's* status as one of Tasmania's more conservative newspapers. Suicide is portrayed as a horrible tragedy that befell the unfortunate man and his family, and is certainly not depicted negatively as a crime or moral failing. Critically, it can be seen how the provision of detail about Albert J.'s life and family enhances this impression. Readers are repeatedly told of his good character and the sadness with which his death was met. The impact on his wife and children, though somewhat implicit, is also impossible to ignore.

This in turn demonstrates two key things. Reading the article in full allows us to see that Houston's claim that 'even if some accounts are detailed and some only record names, places, and verdicts, none of them is merely factual, and every single piece of information is designed to explicate a deeper moral point' cannot possibly be correct, at the very least as it applies to nineteenth century Tasmania. Anyone who might be tempted to read a moral message into the inclusion of his past work with a wine and spirit merchant, for example, could not possibly sustain a view that this was an important moral lesson that was supposed to be learned by the *Launceston Examiner's* readers, hidden as it was between numerous and glowing passages about the strength of his character and warmth of his personality. Moreover, it seems fairly evident the inclusion of this

³¹ *Launceston Examiner*, 28 July 1897, p. 7.

particular piece of information was, essentially, 'merely factual', as it is found in the article only as a part of a much larger story about his successful employment and business history that predated even his departure from England.³²

The inclusion of this larger story demonstrates how Tasmanian newspapers placed considerable emphasis on the potential causes of suicide. The lengthy discussions of Albert J.'s employment history and financial standing, as a whole, were not included simply for the sake of it. Nor were they, as Houston suggests, connected to unstated class-based judgements that were used to identify the 'limits of sympathy' that readers would apply to his suicide.³³ Instead, they were a means of discounting unemployment or financial distress as a possible motive. Similarly, the passing mention of his 'reserved disposition' was not mere trivia, but was identified so it could be discounted as a potential cause by the following statement that those who knew him well would attest to his 'most genial' and 'most sociable and lively temperament'. As was shown in the previous chapter, inherent character traits such as shyness, anxiousness and eccentricity were seen at this time as potentially being an important predictor of a suicidal tendency. As the only remaining 'cause', the reader was therefore left to conclude that depression, itself seen to be connected to neuralgia, was in all likelihood the cause of the behaviour and thinking that led to his suicide. The dominance of psychological conditions (whether seen to be produced either by everyday strains, medical conditions, or to have arisen independently) in common

³² This is not to say that the list of his employment history, as a whole, did not serve a purpose, but that the inclusion of every piece of information that made up the story of a successful business and employment record did not. This will be discussed in more detail below.

³³ Even in the earliest years of this study, people in poorer circumstances had their inquests covered in the same way. See, for example, *Launceston Examiner*, 21 October 1869, p. 3.

aetiologies of suicide that was demonstrated in the previous chapter is also evident here.

Finally, and in response to Zelnik, the above article can also highlight how newspapers had an impact upon social understandings of suicide beyond merely reflecting latent public opinion. In earlier times, knowledge of the particular circumstances of a suicide was confined to friends, families, inquest attendees, and those who were within the verbal networks of these people.³⁴ Accordingly, and except in the rare event that an individual would be immediately connected to a suicide, such a form of death was understood largely in abstract terms and based upon the teachings contained in religious pamphlets, sermons, or public rituals of desecration.³⁵ However, as MacDonald and Murphy have demonstrated, there was a direct relationship between proximity to a suicide and a sympathetic understanding of its causes.³⁶ Coronial juries, even in societies that otherwise viewed suicide as a diabolic act requiring strict condemnation, would invariably return exculpatory verdicts when faced by surviving relatives and presented with evidence detailing the circumstances that surrounded the death.³⁷ The same will be shown in Chapter 6 with regards to religious ministers and their congregations in Tasmania. By relaying detailed information to their readership about the personal and familial circumstances of a suicide, newspapers made it much harder for their readers to view such deaths in terms of an abstract formulation of right and wrong. Articles such as the one above brought the entire community onto the jury panel.

³⁴ MacDonald and Murphy, *Sleepless Souls*, pp. 301-4.

³⁵ *Ibid.*

³⁶ *Ibid.* See also Cooke, 'Secret Sorrows', p. 78.

³⁷ MacDonald and Murphy, *Sleepless Souls*, pp. 335-6.

Reporting of Tasmanian suicides (post-inquest)

The second way in which Tasmanian newspapers relayed news of local suicides was by reporting on the inquest proceedings that inevitably followed such deaths. How journalists did this is not entirely clear. Simon Cooke has found evidence that Victorian coroners, at least until 1870, would allow journalists to visit their offices in the evenings to view the witness depositions they had taken during the day and to examine other inquest documents.³⁸ I have not found any similar records in Tasmania. It seems unlikely the shorter articles of less than 200 words were produced by journalists actually attending inquests in person because it would not be a productive or necessary use of a journalist's time to attend an entire inquest to produce such a short and basic article.³⁹ Likewise, the remarkable accuracy with which witness statements were relayed in longer newspaper articles—something that can be determined by comparing inquest documents with newspaper reports—would suggest either impressive journalistic competence or some sort of co-ordination with coroners.⁴⁰ It seems likely, therefore, that a number of stories were based upon second-hand reports of inquest proceedings, and sourced from other newspapers, police, or coroners themselves.

There is certainly clear evidence, however, that journalists sourced many of the longer articles by personally attending inquests. These reports occasionally included information that is not found in official documents, such as coroners' summaries to juries, coroners' advice to juries about verdicts or other points of

³⁸ Cooke, 'Secret Sorrows' pp. 76-7.

³⁹ See, as an example among many, *Daily Post*, 14 July 1913, p. 6.

⁴⁰ Compare, for example, Inquest Files, AGD20/1/11 (no. 9038), Tasmanian Archive and Heritage Office (hereafter TAHO), with *Tasmanian News*, 28 April 1899, p. 4; and *Mercury*, 29 April 1899, p. 3.

law, the behaviour and emotional states of witnesses, and the presence at the inquest of noteworthy third parties, such as family members, children, or insurance officers.⁴¹

Newspaper reports of inquest proceedings were very formulaic, did not change in style in any significant way between 1868 and 1943, and did not change depending upon where or in which newspaper they were published.⁴² They generally began by stating the location of the inquest, the name of the presiding coroner, the name of the foreman of the jury (until 1910), the name of the deceased, and, occasionally, where the body had been found. The reports would then detail the testimony of each witness, and conclude by relaying the official verdict. They would also occasionally note funeral and burial arrangements at the end of the article.

Throughout the period newspapers relayed a great deal of morally irrelevant information. An excellent example of this is the testimony of William Jordan at an inquest held in 1905, published in the *Mercury*.⁴³

William Frederick Jordan said he was walking on the lower road at Trevallyn yesterday afternoon. When about 600yds. past the police station he went off the road about 20yds., to sit under a tree, and found the body of deceased lying about 5yds. inside the road fence. It was on its back, the legs apart, and the right hand on the shoulder, and the left on the chest. The deceased's umbrella was on his right side, and his hat a couple of feet above his head. Witness went to the Trevallyn police station and reported the matter to the police. He went back with the police and brought the body to the Hospital. When he

⁴¹ For mentions of life insurance agents, see *Launceston Examiner*, 25 August 1896, p. 5. For an example of coroner statements and family attendance, see *Advocate*, 15 October 1938, p. 2.

⁴² See, for representative examples, *Tasmanian Times*, 27 October 1869, p. 2; *Launceston Examiner*, 20 January 1876, p. 2; *Mercury*, 14 March 1905, p. 3; *Advocate*, 15 October 1938, p. 2. The sole exception to this is the *Clipper*, which will be discussed below.

⁴³ *Mercury*, 14 March 1905, p. 3.

returned to the body he noticed a revolver lying beside it; the grass had grown a bit around it.

None of the information the article contains, except perhaps the location in which the body was found, could realistically have contributed towards a particular moral interpretation of the overall story. Instead, details such as the exact positioning of William H.'s arms, legs, hat, and umbrella, the exact distance his body was found from the road fence, as well as the statement that the grass had grown around the deceased's revolver, all lent verisimilitude to the story. This is further evidence Houston's claim that newspapers embedded deeper moral messaging into 'every single piece of information' does not cohere with the Tasmanian historical record. Of course, social understandings of the nature and causes of suicide were embedded in witness testimony, coronial questioning and medical opinion, which should be clear from the previous chapter. But it is not correct to say that newspapers were adding their own version of morality on top of this. The inclusion of such specific information was, as MacDonald and Murphy argue, fundamentally connected to the nature of newspapers and the importance they and their readers placed on maintaining the appearance that what was reported was the truth.

If the inclusion of specific but ethically incidental information lent credibility to newspaper reports as a whole, we can begin to see how newspapers functioned as an 'independent variable' in the development of social understandings of suicide. For not only did this incidental information provide their less concrete claims with an air of factuality, but the less concrete claims were also presented in precisely the same manner as the real but otherwise irrelevant facts. Thus, when newspapers attempted to identify a cause for the suicide they were

reporting, they presented essentially folk-psychological theories of the causes of suicide in a way that made them appear much more 'true' than they actually were. A 1903 report of the inquest of James R., published in the *Zeehan and Dundas Herald*, is an example of this:

He was a boarder at Mrs F. R. Nicholson's, King Street, where he occupied a room at the side of and adjoining her house. Of late he has, it is alleged, been drinking heavily, and has partaken of very little food, although the lady named had tempted him with delicate and nourishing edibles. He complained frequently of a pain in his head, and displayed one or two peculiarities of behaviour... [When found he] was seated comfortably in an arm chair with his legs crossed, and his left arm laying on the arm rest, the right arm being in nearly the same position; while the hand firmly clutched the revolver, from which he had fired one or more bullets into his brain. The revolver showed that two cartridges had been discharged.⁴⁴

Articles such as this one pointed to familiar strains and stresses, such as illness, alcoholism, and unemployment, as well as mental illnesses, that it was believed, as was established in the previous chapter, could cause sufficient psychological stress to inhibit rational thinking and decision-making. The inclusion of minor factual details—connected in a fundamental way to the periodical medium—meant the 'causes' newspapers also identified were read in an identical light. In other words, in the extract above James R.'s alleged drinking or supposed peculiar behaviour were not only portrayed as an explanation of his suicide, but were also read in the same way as the information about the location of his room or the number of bullets missing from his gun. The very nature of newspapers not only enhanced secular understandings of suicide, as per MacDonald and Murphy, but also advanced particular theoretical propositions about the nature

⁴⁴ *Zeehan and Dundas Herald*, 18 November 1903, p. 4.

and causes of suicide, and did so in a manner that imbued them with greater certainty than perhaps was warranted given the very limited nature of inquest investigations.

This is not to say, however, that journalists and newspapers did so consciously. Like the participants at inquests, newspapers were simply explaining suicide in the way society had come to understand it. Just as much as specific physical descriptions were required for their reports to seem factual and credible, so too were the explanations offered for the suicide required to cohere with the accepted social understanding of suicide and its causes. Depicting suicide in a realistic way also depended upon the identification of a 'realistic' cause or motive. Thus, from the content of newspaper reports it is possible to see that the majority of Tasmanians understood suicide as the result of disordered thinking produced either by mental ill health or significant though familiar difficulties.⁴⁵ In turn, this not only supports the findings of the previous chapter, but also demonstrates, in contrast to Andrew's suggestion, that social understandings of suicide centring upon individual psychology were not simply the preserve of the legal and medical professionals who presided over inquests, but were shared by a significant proportion of Tasmanian society.

Two important changes that occurred throughout the period 1868-1943 are also evident. First, the language used to describe mental ill health and other afflictions more closely resembles modern parlance as the period progresses. Whereas the article from 1876 cited above twice refers to the deceased individual as 'quite silly', and the 1903 article quoted above refers to James R.'s

⁴⁵ How well mental illness was understood is not the issue here—what is important is that Tasmanians had some idea of what it meant and, critically, linked this to suicide.

‘peculiarities of behaviour’ and his complaints about ‘a pain in his head’, an article from 1943 discusses mental ill health in a way that would be fairly familiar to modern readers:

Connie Mildred [R.], said that on the morning of the tragedy her husband seemed very depressed. He remarked that "he had done everything that was wrong and could not explain it to anyone." As he went out the door his added that he did not feel much good for anything. He had agreed that she should visit the home of her cousin. She was not away long, and was proceeding with her housework when she was informed of the tragedy. Her husband had suffered from neuritis and had been taking patent medicines. He had never threatened to take his life. He had complained of the failure of his pea crops and of the trouble incurred in filling in forms for the marketing of potatoes. About five years previously he had suffered a nervous breakdown.⁴⁶

Additionally, the verdict that was brought down in this case—that he died from a gunshot wound self-inflicted while the balance of his mind was disturbed—highlights the change that occurred in 1938 with regard to the available inquest verdicts. As has been shown, prior to this point coroners and jurors were required to deliver a verdict either that the suicide had occurred while the deceased was ‘of unsound mind’ or ‘temporarily insane’, or that the deceased was sane at the time of death. This sane-insane dichotomy stemmed from legal requirements to determine criminal responsibility, and therefore made little sense once suicide was no longer a criminal act and the purpose of an inquest was simply to determine how a death had occurred. As was shown in the previous chapter, juries would invariably return ‘unsound mind’ verdicts, where they were presented with evidence that the deceased, though not ‘insane’ in a legal sense, had been unable to make clear decisions because of personal

⁴⁶ *Advocate*, 12 February 1943, p. 4.

difficulties or mental ill health. They would, in other words, return the verdict that more closely resembled their aetiology of suicide. Making a verdict available to coroners that a suicide had occurred 'whilst the balance of his/her mind was disturbed' was not, as Andrews might suggest, a compromise between conservative activists who demanded the full enforcement of the law and those who wished to 'medicalise' suicide, but a reflection of the changes that had occurred over a long period of time in the way that society understood suicide. That the press, through the style of their reporting, also promulgated the same understanding of suicide suggests that newspapers played a role in the eventual unwinding of the centuries old sane-insane legal dichotomy.

Attempted suicide

Reports of attempted suicides were very similar. As with deaths from suicide, there were two basic forms coverage would take. Often, newspapers would learn of a suicide attempt on the same day it happened, through local correspondents, connections at the General Hospital, or information from police. The length of these sorts of reports would obviously depend on how much information they could obtain, but it was typical for them to include the name of the person involved, the location of the suicide attempt, the method by which they attempted suicide, information about any assistance that was rendered, where they were taken (e.g. General Hospital, police station), their condition, and any information that could shed light on the reasons for the suicide attempt.⁴⁷ Like reports of suicidal deaths, newspapers also included additional information that was not linked to any deeper moral message, as in this example:

⁴⁷ For examples, including shorter articles, see *Mercury*, 17 April 1906, p. 4; *Advocate*, 27 April 1938, p. 2; *Daily Post*, 7 September 1917, p. 4; *Daily Telegraph*, 11 January 1899, p. 5; *Tasmanian Evening Herald*, 12 January 1878, p. 2.

At 8 o'clock yesterday morning, Sergeant Ward, of the water police, was informed by George Bateman, a resident of Brewer's-lane, off Burnett-street, that a man was lying on some bags of potatoes on Elizabeth-street pier. On arrival there the police officer found Arthur [B.], a journeyman tailor, aged 58, lying on his side, with a large gunshot wound over the forehead. He was still alive, but in a very precarious condition. He had his right hand in his coat pocket, clasping a revolver, which had four chambers discharged. He was conveyed to the General Hospital, and received by Dr Love.⁴⁸

The other main type of reporting on attempted suicide was coverage of court cases. These only occurred when people were actually charged, and likewise tended to be fairly formulaic. These generally included the names of the defendant and the magistrate, the date of the alleged offence, the plea that was entered, and the sentence that was imposed. Depending on what emerged during the hearing, reports also often included details about the suicide attempt and the reasons for it.⁴⁹

Articles about suicide attempts shared the practice evident in reports of suicidal deaths of using detail as a means of enhancing the credibility of the report. As was shown previously, the (probably unintended) effect of this was to encourage sympathy among readers, to promote certain widely held aetiological propositions about suicide, and to heighten the authority of more dubious claims relating to motives or causes. This can be seen in the above article's second paragraph, which leaves readers with the impression that the suicide attempt was due to unemployment. This was based on the information of one police officer, who apparently only spoke briefly with the man involved:

⁴⁸ *Mercury*, 18 March 1908, p. 5.

⁴⁹ *Examiner*, 30 September 1930, p. 7.

Robert Anderson, an A.B. on the steamer Moonah, stated that he heard three shots fired at about 10.30 on Monday night, but took no further notice of them. Later in the day [B.] was able to speak, but his recovery is doubtful. From the information which he gave to the police, it appears that he came from Wellington, N.Z., and had been staying at Norman's Coffee Palace, Macquarie-street, his wife and family being in East London, South Africa. Unable to get work at his calling, he decided to try and end his life, and so shot himself with the revolver, which he brought from New Zealand.⁵⁰

It can be seen here how reporting of attempted suicides was very similar to reporting of suicidal deaths. Though a fairly intuitive conclusion, it is important to note given that other parts of society treated the two behaviours quite differently at various times. As we saw in Chapter 1, for example, attempted suicide remained illegal for many decades after the act of dying from suicide was decriminalised in 1913. Newspapers, by contrast, were consistent between varying forms of suicidal behaviour.

Convergence and consistency

Coverage of suicide in Tasmanian newspapers was remarkably constant between 1868 and 1943, regardless of the date, region or publication in which articles appeared. Reports from the 1860s followed the same formula as those from the 1940s, and for the most part reproduced the findings of Tasmania's official processes.⁵¹ The same is true when comparing reports produced in Hobart, Launceston, the northwest, and the west coast, and reports published in conservative or liberal newspapers.⁵² As was shown in the previous chapter, the core understanding of suicide that prevailed in Tasmania throughout the period

⁵⁰ *Ibid.*

⁵¹ Compare, for example, *Tasmanian Times*, 14 April 1868, p. 2, with *Advocate*, 12 February 1943, p. 4.

⁵² Compare, for example, *Mercury*, 21 March 1906, p. 6; *Daily Telegraph*, 21 March 1906, p. 7; *Examiner*, 21 March 1906, p. 6.

was that suicide was the product of mental ill health, itself sometimes brought about by challenging personal circumstances. Tasmanian newspapers reproduced and amplified this view, and did not seek to impose moral interpretations upon their readers.

Simply reporting the facts surrounding particular cases meant that newspapers almost never provided any social context in their articles. Suicides that newspapers suggested were the result of a person's unemployment or business failures, for example, were not linked to Tasmania's economic structures or conditions, or the government's role in shaping or reforming them.⁵³ Similarly, newspapers never campaigned for reforms that might help to reduce the prevalence of suicide, such as limiting access to firearms, poisons, or other lethal means. Likewise, improving mental healthcare was not something that was ever discussed as a strategy for preventing suicide.

By being so avowedly apolitical, the majority of suicide reporting was also ahistorical. Indeed, and while there is insufficient evidence available to make a convincing case about causality, it is certainly plausible that beliefs about the impervious and ahistorical nature of suicide had some effect on the neutrality of newspaper coverage. Such a possibility can be seen in an editorial in the *Mercury* from 1913:

The most uncanny fact in regard to suicide, however, is that in a given number of human beings a certain number are as it were bound to take their own lives each year... Why the

⁵³ Compare with an article in the *Clipper*, in which the suicide of a man 'entirely without prospects or money' was described as 'a victim to the times'. *Clipper*, 10 March 1894, p. 1. Reports of returned soldiers were similar in that, while they might state that a person's mental health had been affected by the war, they would never criticise war itself.

figures should be this regular is one of the mysteries of life which become deeper the more they are pondered.⁵⁴

If a 'certain number' of suicides were inevitable, it made little sense either to ascribe moral meaning to such deaths, or to blame them on social conditions or events such as war. Better steadfastly to adhere to the dogma of neutrality.

Suicide reporting in the *Clipper*

Suicide reporting in the labour-oriented weekly the *Clipper* differed in key ways from reporting in other newspapers. The coverage in the *Clipper*—which ran from 1893 to 1909—was overtly political, and was very clear in its belief that suicide was the result of social inequalities. Typical of such articles was a piece in 1905, which followed media reports of a man who had died from suicide following a long period without work. 'And this country,' it fumed, 'which, without cause, drives men to suicide for want of work, makes laws to assist landowners in keeping valuable areas of land in town and country locked up out of the poor man's reach, and calls itself Christian!'⁵⁵ Similar was a more abstract piece from 1894, which laid the causes of suicide other sufferings squarely at the feet of inequality:

Why is it those who do the nation's work are forced to choose between begging, crime, or suicide in a nation that has fertile soil enough to produce plenty to feed and clothe the world, material enough to build palaces to house them all, and productive capacity through labour-saving machinery of 40, 000 million men?⁵⁶

⁵⁴ *Mercury*, 14 May 1913, p. 4. There is a clear link between statements of this sort and Durkheim's theory of the suicidogenic current.

⁵⁵ *Clipper*, 7 January 1905, p. 7.

⁵⁶ *Clipper*, 22 September 1894, p. 3.

The suicide of Olive C., a teenage girl who worked in one of Hobart's sweating factories, and who took her life after being caught stealing from her employer, aroused particular anger from the *Clipper*:

She was only 16... [yet] was regarded by her employer—as similar hands were regarded by all competing employers in the world—merely as a faulty spring in his money making machine, simply to be cast aside and replaced by a new one at first opportunity.⁵⁷

In addition to the way in which the *Clipper* so explicitly blamed her employees for her death, it is also interesting how readily they made the link between Olive's suicide and the plight of workers everywhere. For the *Clipper* and its readership, suicide was a political event.

In reporting Olive's suicide, the *Clipper* also employed a style quite different to that used by the rest of Tasmania's newspapers. The disinterested observer of the liberal press was replaced with a socialist poet:

They all knew what happened. The girl went home, and after a sleepless night from fear and anxiety, rose in the dawn of a glorious autumn morning and wandered out of the city up across the hills of the Domain. They could fancy her, a mere child, standing awhile on the summit of the hill, taking a last long look back at the home and the scenes she loved. The city slumbering in the valley; the hills beyond the city and the mountain beyond the hills; the familiar "organ pipes" bathed in the golden-ruby glow of the morning sun; the fleecy cloudlets chasing each other and softly floating away across the Pinnacle and into the further west. She would see the sun-rays kiss the turrets of Trinity Church, and shimmer on a hundred familiar windows in the houses on the farther hill; the wonderful tracery of gum-tree shadows on the dewy grass; the full-throated joyous carol of the magpies, the gay twitter of the minahs and parakeets, and the hum of the bees in the blossoms; the broad bosom of the Derwent rippling and sparkling in the glorious sunlight like a sea of sapphires and emeralds fringed with diamonds. A veritable fairy

⁵⁷ *Clipper*, 24 March 1906, p. 6.

scene for any imaginative child; a scene of beauty to make every young heart beat high for the very joy of living.⁵⁸

The reason for the stylistic difference was that the *Clipper* was not trying to report the events of that morning in the same way that other newspapers were. Instead, they were trying to highlight for readers the gravity of a situation that drove a young girl to suicide:

And yet that child's eyes were full of tears, her heart full of despair, and the shadow of a police cell shut out the sunlight from her soul. She had sinned, according to the cruel, heartless code of civilization, and must be punished by the same heartless code, or by her own hand. She could not bear disgrace; she would rather leave the beautiful world that but a few days before had seemed so full of brightness and joyous gladness, and hide herself in the depths of the Derwent. What sort of social system was it that drove a child to regard the cold dark silent depths of the river as more genial than the inhuman moral code of her human kind?⁵⁹

In the final line of the paragraph we can see the different ideological stance of the *Clipper*. From its labour viewpoint, it was not that Olive's 'difficulties had preyed her mind', or any of the other passive, impersonal ways in which other Tasmanian newspapers tended to describe the causes of suicide.⁶⁰ Rather, Olive's

⁵⁸ *Ibid.*

⁵⁹ *Ibid.* The remainder of the article continued in a similar way: 'Would her employer be likely to spend many sleepless nights if he were to discover that a line of garments he had just bought cheap had been made by cruelly sweated labor? Of course she was expected to be honest; but what about the environment in any big trading establishment? Would she not have seen at least some deviations from absolute puritanical rectitude among those with whom she had rubbed shoulders in business? But she could not bear disgrace; so had turned away from the beautiful panorama; away from the glorious sunlit expanse of sea and river and bay and sky and valley and wooded hill. Perchance she had looked across Cornelian Bay, shining like "a great blue tear dropped from the Almighty's eye," to where the headstones of the happy dead stood like white fingers beckoning her to rest. Perchance a sun beam, rippling in the depths of the river, had caught her eye and pointed her the path to the dreamless peace denied her by her fellow mortals. She had taken the plunge; and another fresh young life had been added to the millions that were yearly being sacrificed to the Godless Greed of Competition'.

⁶⁰ See, for example, *Tasmanian*, 9 March 1895, p. 24; *Emu Bay Times and the North West and West Coast Advocate*, p. 2; *Daily Telegraph*, 26 May 1920, p. 4. The same is true of cases of attempted suicide. See *Advocate*, 21 November 1924, p. 5.

suicide was a violence perpetrated against her by the sweaters and the broader social system. In such a view, the outrage of the *Clipper* is readily intelligible. Suicide was not a tragedy that happened in the everyday course of life, much like a terminal illness. Instead, it was more akin to a murder, and a murder of a child, no less.

Figure 4.1: Memorial photograph of Olive printed in the *Clipper*

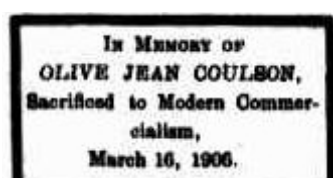


Clipper, 28 March 1906, p. 7.

The *Clipper* also published a photo of Olive, the only time in which a newspaper ever did this between 1868 and 1943. This highly unusual step was almost certainly connected to the style of their other reporting: it was a way of getting readers to empathise with Olive, to imagine her as a real person, and to convey

the seriousness of what had occurred. It also had its intended effect. As one correspondent wrote to the newspaper, the 'picture of poor Olive [C.] which appeared in last week's Clipper surely didn't strike me as being at all criminal in appearance. She did look highly sensitive and decidedly juvenile'.⁶¹ Some union members carried photographs on their person for two years following her death.⁶² Presenting information that encouraged readers to identify with people who had died from suicide also encouraged more sympathetic responses.

Figure 4.2: Memorial notice to Olive printed in the *Clipper* on the anniversary of her death



Clipper, 16 March 1907, p. 5.

The *Clipper's* unique perspective brings to the fore the assumptions and ideologies of Tasmania's other newspapers. Explaining suicide as the result of general mental illness or mental illness produced by the strains, stresses and misfortunes of everyday life, far from being 'neutral', is actually a specific aetiological perspective with political consequences.⁶³ This can be seen clearly in the *Examiner's* admonishment of 'those who are content to use [Olive's suicide] for political purposes'.⁶⁴ Such a view limited consideration of the extent to which Tasmania, through its policy decisions, failed to provide for the physical and psychological needs of its members, and instead individualised suicide by

⁶¹ *Clipper*, 7 April 1906, p. 6.

⁶² *Clipper*, 21 March 1908, p. 5.

⁶³ This, of course, is not to concede Houston or Andrews' argument that such articles contained a deeper and more hostile moral meaning than they might at first appear to have done.

⁶⁴ *Examiner*, 26 March 1906, p. 6.

locating it a person's particular circumstances. This is not to say that such a position did not take into account the role of social problems in contributing to suicide—far from it—but that these problems were not portrayed as the fault of anyone in particular, instead simply as relevant information that could help explain a case of suicide. Distancing suicide from politics also cohered with a perspective in which the management of suicide was the exclusive responsibility of medical professionals. We have seen in Chapters 2 and 3 how the coronial system became increasingly professionalised as the period progressed, and we will see similar trends in Chapter 5 with regards to psychiatric care. Coverage of suicide in almost all of Tasmania's newspapers was therefore connected to the same broader shifts that accompanied changes in the law, the inquest system, psychiatric care and religion.

But in what way was it connected? Did newspaper coverage in itself shift public attitudes and understandings of suicide, or did it simply reflect beliefs that society already held? As was shown in the previous chapter, the members of the public who sat on coronial juries demonstrated very similar understandings of suicide to the reports that appeared in most newspapers. The same was true of the public and the law reformers we met in Chapter 1, as were the attitudes of religious believers that will be discussed in Chapter 6. Such convergence does not necessarily mean newspapers were inconsequential in shaping public opinion, of course. At the very least they reinforced the types of views that shaped their reporting and were shared by the majority of their audience, and this must have had some effect on the certainty with which such views were held by the broader public. Suicide is not a subject people tend to spend a great deal of time considering, and reading coverage in the newspapers probably would

have accounted for a significant portion of the time people spent thinking about the subject in total. Even if these points are admitted, however, it is impossible to quantify the extent of the newspapers' influence. The reason for this is that newspaper coverage, like conversations that people had in the street with their neighbours, simply cannot be disentangled from broader attitudinal shifts. It is probably more fruitful to consider newspapers as one part—and a key part—of a broader social shift in attitudes and approaches to suicide.

Correspondence and letters to the editor

Letters to the editor regarding suicide were published in Tasmanian newspapers fairly consistently until the 1920s. Most often, letters discussed a specific aspect of suicide, such as its treatment under law or its compatibility with religious belief. These sorts of letters have already, or will be, analysed in the chapters that relate to these particular subjects.

Letters sections also provided an opportunity for people to correct information that had been published in the press. On at least two occasions, individuals wrote to the *Mercury* to respond to stories alleging they had attempted suicide. In 1872, Henry H. wrote to the editor to explain that, contrary to reports he had tried to drown himself, he had simply accidentally fallen into the Constitution Dock whilst trying to 'catch a few small fish' for his ailing wife.⁶⁵ He also took exception to the newspaper's report he was intoxicated at the time, and stated the people who were with him at the time could verify his version of events.⁶⁶ Similarly, Fred B. explained he had not attempted suicide, but instead that an 'over-officious stationmaster' had seen him drink from a bottle of chlorodyne—a

⁶⁵ *Mercury*, 20 November 1872, p. 2.

⁶⁶ *Ibid.*

common painkiller and remedy for flu symptoms—and had mistaken it for poison.⁶⁷ The stationmaster had then summoned a police officer, who tried to make him drink an emetic, arrested him, and ordered him to the General Hospital.⁶⁸ Though the matter was cleared up before he ever went to the hospital, he expressed his frustration that he had to endure ‘the disgrace of being locked up, and the publicity given to the matter in the daily press’.⁶⁹ For Fred B., this was particularly concerning given that he had ‘many friends and relations residing inland’, who, ‘through seeing the brilliant heading of "Attempted Suicide at Bellerive" would be very much upset’.⁷⁰ In cases such as these, letters to the editor provided a forum in which people could respond to claims made about them, and thereby gave them some control over public understanding of their case.

Letters sections also gave members of the public the opportunity to express their opinions about particular instances of suicide. The suicide of Olive C., which we saw reported in the *Clipper* above, aroused considerable feeling among letter-writers. ‘A Sympathising Mother’ wrote to the editor of *Tasmanian News* to propose a boycott of all businesses that did not pay their workers fairly: ‘Let the women stand shoulder to shoulder, and refuse to deal at those shops where the iniquitous practice of sweating is carried out in such a fearful degree upon their working sisters’.⁷¹ A significant number of others endorsed the coronial jury’s rider that the Government should initiate a Royal Commission into the wages

⁶⁷ *Mercury*, 15 February 1910, p. 7.

⁶⁸ *Ibid.*

⁶⁹ *Ibid.*

⁷⁰ *Ibid.*

⁷¹ *Tasmanian News*, 24 March 1906, p. 4.

paid to workers in Hobart.⁷² Though it is impossible to quantify its precise effect, the sheer volume of letters received by the newspapers following Olive C.'s suicide—by far more than any other single case—would almost certainly have been on legislators' minds when they subsequently decided to accede to the jury's request. Letters sections allowed people who were unconnected to a particular death to express their opinion. By giving suicide a broader or communal relevance, therefore, the letters sections of newspapers occasionally helped to politicise suicide.

Letters to the editor also gave surviving relatives and other parties the opportunity publicly to state information they believed was important to the public's understanding of a particular case. For example, Olive C.'s employer, William Best, attempted to correct what he saw as the injustice of him being held responsible for Olive's suicide. He wrote to a number of newspapers in an attempt to justify the salary he paid to Olive, both by highlighting her relative inexperience and by innocuously characterising the decision to pay her the salary he had as simply 'business methods'.⁷³ He also tried to emphasise his view that Olive's conduct, rather than his own, was what led to her suicide. He alleged that she 'daily spent money, without any regard where it came from, on dress, theatre, Tattersall's tickets, picnics and other wilful extravagances', with the cruel purpose of supporting his view that Olive 'was a thief by nature and not from want'.⁷⁴ A writer, making many of the same arguments as Best, likewise portraying his businesses practices as 'standard', but using the pseudonym

⁷² *Mercury*, 24 March 1906, p. 2; *Tasmanian News*, 21 March 1906, p. 4; *Mercury*, 26 March, 1906, p. 7. The rider was not in a form that could actually be accepted by the coroner, who instead forwarded the jury's recommendation on to 'the proper quarter'. See *Daily Telegraph*, 21 March 1906, p. 7.

⁷³ *Mercury*, 22 March 1906, p. 7.

⁷⁴ *Ibid.*; *Tasmanian News*, 22 March 1907, p. 4.

‘Muggins’, also criticised in sharply sexist terms the people who were implying Best had played a significant role in Olive’s suicide:⁷⁵

I have been shocked by the volume of abuse which has been showered on the employer of the deceased, Mr W. E. Best... Most of those comments have been made by members of the tender sex, who have probably been moved to a state of semi-hysteria following on the tragic death of this unfortunate girl.⁷⁶

While letters’ sections expanded the number of people who could contribute to public understandings of suicide to include the entire literate population, it was also the case that this was not, in every case, necessarily to the benefit of people who had died from suicide or their grieving relatives. Openness meant the occasional airing of hurtful or distasteful contributions.

That said, the openness of newspapers afforded a right of reply, and Olive’s mother—presumably one of the ‘members of the tender sex’ referred to in the above passage—wrote to the newspapers to correct what she saw as the ‘malicious falsehoods’ told by Best about the circumstances surrounding her daughter’s death.⁷⁷ She stated her daughter had only been to the theatre once in her life, and had been on one picnic since leaving school. She also stated she was responsible for the purchase of all of her daughter’s clothes, which was perhaps also a matter of pride for her given the discussion in Chapter One about notions of ‘respectability’. She stated Best had called her daughter ‘one of the worst criminals he had ever met’, and alleged members of his family had been knowingly circulating false information that the amount stolen by Olive was

⁷⁵ *Mercury*, 27 March 1906, p. 2.

⁷⁶ *Ibid.*

⁷⁷ *Mercury*, 23 March 1906, p. 7.

more than three times the real figure.⁷⁸ Most importantly, she wrote that 'I consider Mr Best, by his false accusations and threats, was the cause of my daughter's death', and pleaded that it 'would be better taste on Mr Best's part if he spoke nothing of the dead but what was good'.⁷⁹

Through her letters, therefore, Olive's mother was able to shape the public narrative regarding her daughter's suicide. Though this came in heart-wrenching circumstances and undoubtedly at significant personal toll, the very nature of the newspaper medium as it had developed provided her with a broad audience who would read her refutations of the claims being made by Best, as well as her interpretation of the causes of her daughter's death. Furthermore, as the final quote shows, having the opportunity to communicate with the public about the case also gave her the opportunity to highlight the inappropriateness of debating the character of a teenage girl who had only days previously died from suicide. However minor, letters' sections therefore also provided family members some input over the scope of allowable discussion. With regard to the debates about the extent to which newspapers contributed something unique to understandings of suicide, it seems that, with respect to their letters' sections, they certainly did. While of course letters reflected the views already held by members of the community, this does not mean that it is fair to characterise the contribution of newspapers solely in this way. Rather, they helped to democratise understandings of suicide by giving people with a pen a comparable audience to the preacher at the pulpit.

⁷⁸ *Ibid.*

⁷⁹ *Ibid.*; *Tasmanian News*, 23 March 1906, p. 4.

On this point, it is relevant that, from the 1920s, letters to the editor regarding specific cases of suicide became quite rare. Indeed, the latest letter of this sort that I have been able to find was published in 1930, regarding what was then a recent case of suicide believed to have been due to unemployment.⁸⁰ This silence is particularly interesting given how frequently, relatively speaking, discussion of particular cases had been in previous decades.⁸¹ Given the comments above regarding the ways in which newspapers provided an opportunity for regular people to participate in the public discussion of suicide, and given what we have seen in previous chapters, and will see in the following chapter, regarding the professionalisation of the processes around suicide and the diminishing role for everyday citizens this entailed, it is hardly surprising the same time period witnessed the retreat of regular people from the discussion of suicide in Tasmanian newspapers as well. Ordinary people had less input to outcomes, and their opinions mattered less. It is little wonder that they stopped expressing it.

Suicide notes

Prior to the 1890s, very few newspaper reports about Tasmanian suicides mentioned the existence of a suicide note. I have not been able to find any that published the content of such letters. Though it was still relatively uncommon, from the 1890s through the 1920s more newspaper articles indicate that a

⁸⁰ *Mercury*, 31 January 1930, p. 7.

⁸¹ For the 1870s, see, for example, *Tasmanian Times*, 15 September 1870, p. 2; *Mercury*, 19 July 1872, p. 3. For the 1880s, see *Telegraph*, 30 June 1882, p. 3; *Tasmanian News*, 11 September 1884, p. 3; *Launceston Examiner*, 8 May 1880, p. 3; *Launceston Examiner*, 25 May 1885, p. 1; *The Tasmanian*, 8 October 1881, p. 951; *North West Post*, 4 July 1889, p. 3. For the 1890s, see *Mercury*, 12 October 1896, p. 3; *North West Post*, 22 November 1892, p. 2. For the 1900s, see *Mount Lyell Standard and Strahan Gazette*, 30 April 1900, p. 4; *Mount Lyell Standard and Strahan Gazette*, 2 May 1900, p. 4; *Mount Lyell Standard and Strahan Gazette*, 3 May 1900, p. 4; *Mount Lyell Standard and Strahan Gazette*, 4 May 1900, p. 4. For 1910s, see *Examiner*, 29 October 1912, p. 6; *North Western Advocate and Emu Bay Times*, 17 November 1917, p. 6. For the 1920s, see, for example, *Advocate*, 24 May 1921, p. 4; *Mercury*, 29 September 1927, p. 5.

farewell letter had been left, and occasionally they paraphrased what these letters contained. Typical of such reports was the following, referring to the death of Walter J. in 1893: 'A small bottle of laudanum was found in his coat pocket, also a number of letters and papers, going to show that he intended to commit suicide'.⁸² A small number of other reports also gradually began to include more information about what exactly people had written, including word-for-word transcriptions.⁸³ From 1930, approximately five per cent of all cases of suicide reported by the press contained full transcriptions of suicide notes. This appears to confirm the suggestion in the previous chapter that suicide notes were increasingly common from around 1930, to which it can be added that this increase was also reflected in press coverage.

Reports alluding to or reproducing suicide notes are far more common than the survival of original notes amongst the inquest files. This, in turn, makes it difficult to verify most such newspaper reports, though there are nevertheless good reasons to trust the accuracy of the press accounts. In the first place, there are a handful of cases in which a suicide note both survived in the inquest files and was also reproduced in a newspaper article, and those that did show remarkable precision on the part of the journalists. One such case, from 1937, even included the tragic detail that the teenage boy's letter to his mother ended with 'three rows of crosses'.⁸⁴ This suggests that the author of the story had been able to view the note in person. Second, with one possible exception, the writings newspaper reports attributed to suicide victims were generally simple and

⁸² *Launceston Examiner*, 8 March 1893, p. 5.

⁸³ See, for example, *Launceston Examiner*, 19 November 1894, p. 6; *Zeehan and Dundas Herald*, 10 March 1893, p. 2.

⁸⁴ *Advocate*, 6 May 1937, p. 6.

consistent with other details revealed at their inquest.⁸⁵ This is in contrast to reports of suicide notes that were supposedly left in overseas cases of suicide, which, much like the rest of such articles, were either designed to portray a particular country, political view or lifestyle as dangerous or detrimental to well-being, or included simply for shock value.⁸⁶ It seems likely that, if Tasmanian newspapers were inclined to fabricate or exaggerate the content of suicide notes in local cases of suicide, they would have done so in a way that was similar to their overseas reports.

Given the accuracy with which suicide notes were reported, as well as the likelihood that a suicide note would be picked up and reported by the press, the media's practice of printing suicide notes provided an opportunity for those who were planning suicide to shape the meaning and collective understanding of their death. It is impossible to know how much people understood about media coverage of suicide notes, but those who regularly read newspapers would have had some idea that it was possible that their suicide note would appear in the paper.

Whether this was a concern for many is another question, as most suicide notes were in fact letters or short notes directly addressed to loved ones. William H.'s tender request to 'please give Mrs. H and Jean a kiss' is typical, and seems very unlikely to have been intended to have been shared with a wider audience.⁸⁷ Reproducing these notes, while certainly an egregious breach of personal

⁸⁵ *Clipper*, 11 May 1901, p. 4; *Tasmanian News*, 8 May 1901, p. 4. The report in the *Mercury* is much more restrained, which suggests the other articles may have been exaggerated. See *Mercury*, 8 May 1901, p. 3.

⁸⁶ See, for example, *Mercury*, 3 January 1884, p. 3; *Mercury*, 17 January 1929, p. 9.

⁸⁷ Inquest Files, AGD 20/1/17 (no. 81), TAHO. For other examples see *Examiner*, 29 December 1911, p. 5; *Tasmanian News*, 16 December 1899, p. 2; *Mercury*, 8 March 1893, p. 2; *Mercury*, 12 July 1900, p. 4.

privacy, probably helped to encourage sympathy among readers. As was shown with regards to coronial juries in the previous chapter, and as will be contended in respect of religious ministers and churchgoers in Chapter 6, proximity to a suicide and knowledge of the details of a person's life made it much harder for people to view suicide in abstract formulations of right or wrong. Publishing these short, loving missives probably had a similar effect for readers of newspapers.

Other letters, however, were clearly designed to shape the public interpretation of a death. Some individuals used the final letter as a means of attributing blame to others. After learning that his estranged wife had moved into the house of another man, John S. wrote in 1908 that 'I cannot stand the worry any longer, as my wife is the cause of it all, and J. Brown is not to be on my inquest. Anything I have goes to my son. God help them all, I have tried to do my best'.⁸⁸ Similarly, Margaret B. left a letter in 1920 stating that she was 'tired of the bad treatment at home'.⁸⁹ Other letters were written in a way that was designed to let people know why they had decided to end their lives. Albert L., in 1938, left a note explaining the pain he was in: 'Open me up, and see what I have gone through. They say I look well, but I have put in many years' silent suffering'.⁹⁰ His message got through: the *Examiner* report was published under the headline 'NOTE TOLD OF SUFFERING'.⁹¹ Others still sought forgiveness, understanding, or, in the case of Joseph B. in 1911, to shape how others would speak of them: 'Just a few lines

⁸⁸ *North West Post*, 20 March 1908, p. 2.

⁸⁹ *Daily Telegraph*, 20 February 1920, p. 5.

⁹⁰ *Examiner*, 10 September 1938, p. 6. Original located in Inquest Files, AGD20/1/70 (no. 114), TAHO.

⁹¹ *Examiner*, 10 September 1938, p. 6.

to the boys I used to know, but I will know them no longer... I hope they will think the best they can of me, and not speak too hard of me'.⁹²

The newspapers, at least, heard his pleas. The report of his inquest was published under the headline 'PATHETIC SUICIDE', which in those days did not carry the pejorative implication it might today.⁹³ It should be seen, therefore, that newspaper coverage combined with—and perhaps in some respects produced—the growing tendency to leave final letters, and that this gave suicidal individuals more control over public interpretations of their death than had probably ever been the case before.

Conclusion

This chapter has argued that coverage of local suicides and suicide attempts in Tasmanian newspapers displayed similar views and understandings about the causes of suicide to those expressed in other forums such as inquests and the law. On the whole, newspapers relayed stories to readers that portrayed suicide as the result of difficult personal circumstances and mental ill health. They did not seek to impose conservative views about the immorality of suicide upon their readers, either explicitly or implicitly, as Andrews and Houston have suggested occurred in earlier British publications.

Eschewing moral, religious or political interpretations of suicide is itself an ideological standpoint, of course, and the way in which suicide was reported in the *Clipper* makes this clear. In contrast to Tasmania's other newspapers, the *Clipper* openly politicised suicide by portraying it as a violence perpetrated by harmful social structures and economic systems. Though this was not meant by

⁹² *Examiner*, 29 December 1911, p. 5.

⁹³ *Ibid.*

Houston, it is accurate to conclude that Tasmania's newspapers were, on the whole, writing about suicide from a liberal, individualist perspective.

Whether the slant of most newspaper coverage therefore qualifies newspapers as an 'individual variable' that shaped understandings of suicide is still impossible to say. The liberal perspective of the newspapers was one shared by the population at large, who, as has been shown, explained suicide in much the same way. However, reinforcement is not the same thing as reflection, and it can probably be assumed that the form of newspapers had some effect, at the very least upon the conviction with which the public held their views about the nature and causes of suicide.

One consequence of an understanding of suicide that located its causes either among an individual's inability to cope with challenging circumstances or a state of mental ill health was that there was accordingly little room for public or political debate about broader inequalities and the role of government in their development or maintenance, and how this might have been a contributing factor to suicidal behaviour in Tasmania. From this individualist perspective, which was promulgated by the press, suicide was instead something best managed by people with expert knowledge. As has been shown, and will be shown, in other chapters, professionals began to dominate the public institutions that existed to manage suicide from around the time of the abolition of coronial juries in 1910. As the twentieth century progressed, so too did ordinary members of the public stop contributing to public discussions in the same way as they had in previous decades. Letters to the editor, which for decades had provided regular people with a democratic forum in which they could provide

and debate their interpretations of the causes of suicide, and which also had given some control over the public's understanding of particular cases to the friends, families, associates and individuals involved, became less frequent from around 1930. It is no coincidence that the most democratic aspect of newspaper coverage of suicide was diminishing at the same time as public participation in social responses to suicide was being reduced.

Reginald Zelnik has arguably set the evidentiary bar too high in his critique of Michael MacDonald. Newspapers did not single-handedly bring about the broadly liberal approach of Tasmanian society to suicide, or the professionalisation of the processes that surrounded suicidal death and its investigation. The same could be said of other important influences, such as coroners, lawmakers, doctors and everyday Tasmanians. Newspapers were instead one part of a broader social shift in understandings of suicide. Their role consisted of emphasising the circumstantial and psychological elements of suicide in their coverage of particular cases, and for the most part ignoring social causes. While it is untrue—not to mention impossible to prove—that the approach of newspapers *caused* the expert-dominated responses that emerged during the first half of the twentieth century, it is the case that the approach of newspapers cohered both in time and direction with the shifts in other areas of society and broadcast the underlying values of the new approach to a wide audience.

Chapter 5: Medicine, Mental Health, and Suicide

A number of prominent histories of suicide contend that the century before 1940 heralded a significant 'medicalisation' of suicide.¹ If this applies to Tasmania, it is important to know what views the medical profession held about the causes and treatment of suicide, how these were connected to the views of everyday citizens, and how such views shaped the care and treatment that were available to suicidal individuals. It is also necessary to attempt to grasp what other factors shaped care and treatment, such as public funding, and what changes occurred to attitudes and practices over time. Answering such questions, it is hoped, will improve our ability to account for the present state of affairs, and to understand the historical experiences of suicidal Tasmanians and their families.

The histories of mental health, psychiatry and institutional care are already exceptionally well researched.² They also constitute a subject much larger than the scope of this project allows. The following chapter therefore focuses on those aspects of psychiatry and healthcare that relate directly to the treatment of suicidal individuals.³ It is primarily based upon the admission documents and

¹ Michael MacDonald, 'The Medicalization of Suicide in England: Laymen, Physicians, and Cultural Change, 1500-1870', *The Millbank Quarterly*, 67 (1989), pp. 69-91; Michael MacDonald, 'The Secularization of Suicide in England 1660-1800', *Past and Present*, 111 (1986), pp. 50-100; Ronald Maris, Alan Berman and Morton Silverman, *Comprehensive Textbook of Suicidology* (New York, 2000), p. 120.

² Key texts this chapter relies upon include Stephen Garton, *Medicine and Madness: A Social History of Insanity in New South Wales, 1880-1940* (Kensington, 1988); Mark Finnane, 'Asylums, Families and the State', *History Workshop*, 20 (1985), pp. 134-48; Catherine Coleborne, *Madness in the Family: Insanity and Institutions in the Australasian Colonial World, 1860-1914* (New York, 2010); Catherine Coleborne and Dolly MacKinnon, 'Psychiatry and Its Institutions in Australia and New Zealand: An Overview', *International Review of Psychiatry*, 18, no. 4 (2006), pp. 371-80; German E. Berrios, *The History of Mental Symptoms: Descriptive Psychopathology since the Nineteenth Century* (Cambridge, 1996); Gerald Grob, *Mental Institutions in America: Social Policy to 1875* (New York, 1973); and Ralph W. Gowland, *Troubled Asylum: The History of The ... Royal Derwent Hospital* (New Norfolk, 1981).

³ Very few histories deal specifically with this subject. One excellent exception is John Weaver and David Wright, 'Suicide, Mental Illness, and Psychiatry in Queensland, 1890-1950', *Health and History*, 11, no. 1, Australian Asylums and Their Histories (2009), pp. 102-27.

case histories of suicidal patients admitted to the New Norfolk Hospital for the Insane, taken from 1873 and at ten-year intervals thereafter until 1940.⁴ In total this constitutes the complete admission and treatment history of 84 individuals. Inquest records, newspaper reports, medical journals and conference proceedings are also utilised where relevant.

The legal and institutional framework in Tasmania

Institutional treatment was a feature of Tasmania's attempts to manage and care for the mentally ill from the very early years of the colonial period. Until 1827 patients with severe symptoms of mental ill health were sent to the asylum at Castle Hill in Sydney, at which point a temporary facility was established at New Norfolk.⁵ The construction of more permanent buildings, intended to house both 'pauper invalids and lunatics', was begun in 1830.⁶ Due primarily to persistent overcrowding, in 1848 the site was designated solely as a psychiatric institution, and continued to expand intermittently when deficiencies became unmanageable.⁷

The Hospital for the Insane at New Norfolk, as it came to be known, was not the only institutional facility used to treat and manage mental ill health.⁸ During the

⁴ These documents can be found in the following series: Patient Records – Case Books (All Patients), AB365, Tasmanian Archive and Heritage Office (hereafter TAHO); Patient Records – Admission Papers, HSD285, TAHO; Patient Records Removed From Case Books, AB479, TAHO.

⁵ Slightly different dates appear in various sources. John C. Burnham, 'The Royal Derwent Hospital in Tasmania: Historical Perspectives on the Meaning of Community Psychiatry', *Australian and New Zealand Journal of Psychiatry*, 9 (1975), p. 163; Eric Ratcliff and Kenneth Kirkby, 'Psychiatry in Tasmania: From Old Cobwebs to New Brooms', *Australasian Psychiatry*, 9, no. 2 (2001), p. 128. See also Joan C. Brown, *'Poverty Is Not a Crime': The Development of Social Services in Tasmania 1803-1900* (Hobart, 1972).

⁶ *Ibid.*

⁷ Burnham, 'The Royal Derwent Hospital', p. 163; Gowlland, *Troubled Asylum*, p. 43.

⁸ The facility operated under several different names. In the twentieth century, the facility was renamed the Mental Diseases Hospital, and in 1938 was again changed to Lachlan Park. Thirty years later it became the Royal Derwent Hospital, and later came to be known as Willow Court. Any references to 'New Norfolk' in this chapter should be taken to refer to the psychiatric hospital there.

1840s and 1850s a small number of patients were housed at Impression Bay. The Port Arthur Hospital operated until 1877 and cared for a segment of the convict population, while the Cascades Hospital and the Hobart Hospital for the Insane operated until the early 1890s. Patients from these facilities were mostly sent 'up the river' to New Norfolk upon their closure.⁹ In the early twentieth century, the Latrobe Cottage Hospital, also known as the Devon Cottage Hospital, opened and offered some small capacity for Tasmania's North West, though only the more easily managed patients could expect to receive treatment there.¹⁰ A number of the smaller hospitals around the state also operated holding facilities for patients that could be cared for without requiring specific facilities or specialist staff. Additionally, inquest records reveal that both the Hobart and Launceston General Hospitals operated psychiatric receiving units for the duration of the period 1870-1940, though they were not publicly designated as such and did not treat patients with severe symptoms for extended periods of time.¹¹ The New Town and Launceston Charitable Institutions typically only cared for cases of dementia.¹² Private institutions were non-existent throughout the period, and there were very few private specialists.¹³ The Hospital for the Insane at New Norfolk was thus by no means the only public facility for the treatment of psychiatric disorders, but it was the largest and most capable of managing and caring for patients exhibiting complex and potentially dangerous symptoms.

⁹ Case Book, HSD54/1/1, TAHO. See also Burnham, 'The Royal Derwent Hospital', p. 165.

¹⁰ *Ibid.*

¹¹ See, for example Patient Records – Case Books (All Patients), AB365/1/14 (no. 2300), TAHO. See also Burnham, 'The Royal Derwent Hospital', p. 165.

¹² *Ibid.*

¹³ This is in contrast to the findings of John Weaver and David Wright, who have shown that there was a flourishing private sector operating in Queensland. Weaver and Wright, 'Suicide, Mental Illness, and Psychiatry in Queensland, 1890-1950', pp. 102-25.

As with the physical facilities, early regulation and oversight of psychiatric institutions was conducted in a fairly haphazard fashion, being governed only by the suitably titled Act to Regulate the Treatment of Insane Persons in Certain Cases (1846). However, in 1858 the Tasmanian Parliament passed the Insane Persons Hospitals Act, which was the most significant piece of legislation to cover the treatment of the mentally ill until deinstitutionalisation began in the 1960s.

The Act provided for the appointment of Superintendents and Medical Officers responsible for day-to-day hospital management, and stated that each patient's condition was to be regularly assessed and recorded in a casebook file. The casebooks would also be required to record the types of treatment that were being provided, as well as any seclusion or restraint that a patient may have been subjected to. The Superintendents and Medical Officers would be answerable to a group of Commissioners, later called Official Visitors, who had control over their continued employment. The Commissioners would provide basic oversight, being required in groups of two to inspect the hospital at least once every three months. The Act mandated that they examine the physical maintenance of the facility, certify the legality of the admission documents for each new patient, see and examine each patient 'as far as circumstances will permit', and furnish a report to both the Governor and the Parliament as to their overall view of the quality of care provided by the hospital.¹⁴

The Act also established the procedures and regulations regarding the admission and continued detention of patients. Police were to detain individuals they

¹⁴ Insane Persons Hospital Act (Tas), 1858, s. 11.

suspected of being insane only where they also suspected that the person was 'wandering at large', was 'not under proper care and control', or was 'cruelly treated or neglected by any relative or other person'.¹⁵ This arrangement suggests that the government believed that forced committal should only occur where community-based modes of treatment were not possible.

All hospital admissions required certifications of insanity from two registered medical practitioners, who could not have any familial or professional connection either to each other or to the patient. These certifications were also required to state the facts upon which the medical practitioners' opinions of insanity were formed, and to clearly demarcate those observed by them personally and those communicated to them by others—a practice that had begun to decline by 1940. No person was to be committed only on the basis of third party communications. Removal to a psychiatric facility was also dependent upon the receipt of an order from either a magistrate or two justices of the peace, though they were essentially involved only to ensure that proper processes had been followed, and would invariably rubber-stamp the certifications of doctors who held most of the decision making power.¹⁶

The Medical Officers of the hospital generally controlled the discharge of patients, who could be released on either a permanent or a trial basis. Commissioners could also authorise a patient's discharge where they received in writing what they considered to be a satisfactory guarantee from a friend or relative that the patient would be adequately cared for at home and would not constitute a danger to themselves or others. The families of the patients, or the

¹⁵ *Ibid.*, s. 13.

¹⁶ *Ibid.*, ss. 14-16.

patients' estates, were notionally liable to contribute to the costs of their treatment.¹⁷

The Insane Persons Hospitals Act is notable for four main reasons. First, it shows that a leading concern of legislators was the prevention of unlawful confinement and abuse. It built a series of checks and balances into both the initial admission and ongoing treatment of patients, and imposed significant monetary penalties for anyone who breached these conditions. The same was true of its demands for standardised record keeping, which provided accountability and possible redress.¹⁸ Second, the apparent concern for patient welfare went hand in hand with a presumed duty on the part of the State to prevent the mentally ill inflicting harm upon themselves or others. This can be seen clearly in the orders to police to detain the mentally ill who were either 'wandering at large' (i.e. a potential danger to the public) or were not under proper care or control (i.e. a danger to themselves). The same dual concern was established as a crucial consideration in the discharge of patients. Third, the Act demonstrates that psychiatric hospitals were principally designed to manage those cases that it was believed could not otherwise be handled in the community. Finally, the Act established the primacy of medical professionals in all aspects of patient and asylum management, and in doing so responded to, and furthered, the severance of the asylum and the prison both in the popular imagination and in practice.

¹⁷ Many of course could not pay, and received treatment without charge. Patients were, however, engaged in work at the asylum, which helped to reduce the cost of their maintenance.

¹⁸ Fines were equivalent to about \$1600 in today's currency.

Overseas connections

In this way, Tasmania designed its psychiatric hospital system with the example of Britain and its Australasian counterparts firmly in mind.¹⁹ The concern with preventing abuse, and the mechanisms employed to do so, closely mimicked Britain's Lunatics Act of 1845. As in Tasmania, this legislation established oversight of Britain's psychiatric institutions by a 'commission' consisting of lay, medical and legal members. Furthermore, the Act mandated regular inspection and reporting of institutional conditions, more safeguards within the certification process, and increased accountability through the keeping of records related to admission, treatment, removal and discharge.²⁰ The Lunacy Acts of 1867 and 1898 (NSW), the Lunacy Act of 1890 (Victoria) and the Insanity Act of 1884 (Queensland) all contain strikingly similar provisions.²¹

The requirement in the Tasmanian legislation for hospitals to record the use of mechanical restraint and seclusion is also noteworthy. It reflects the shift in thinking that was occurring among western societies that psychiatric hospitals were, and should be, fundamentally different institutions from prisons.²² Restraint and seclusion were a management, not a treatment, solution, and it was seen that their use should therefore be minimised as far as was possible. Relatedly, it also demonstrates how the founding of Tasmania's institutional

¹⁹ A Parliamentary Committee examining the Mental Deficiency Bill of 1920 found that 'legislation similar to that contained in this Bill has been adopted in Great Britain and America, and is of opinion that our present legislation is entirely inadequate in this regard, and that this Bill, should it become law, will meet a much-needed want'. Online copy available at <http://www.willowcourttasmania.org/wp-content/uploads/2015/11/mental-deficiency-bill-1920.pdf>.

²⁰ Milton Lewis, 'From Colonial Dependence to Independent Centre: Australian Psychiatry, 1788-1980,' in Dinesh Bhugra and Roland Littlewood ed., *Colonialism and Psychiatry* (New Delhi, 2001), p. 109.

²¹ Lunacy Act 1867 (NSW); Lunacy Act 1898 (NSW); Lunacy Act 1890 (Vic); Insanity Act 1884 (Qld).

²² On this shift, see Coleborne, *Madness in the Family*, p. 5.

framework was closely connected to the psychiatric approaches that were dominant at the time. Moral management, pioneered in France and then rapidly adopted in Britain and the United States from about 1840, asserted that more humane methods and the fostering of 'moral capabilities'—essentially self-control—were not only critical to rehabilitation but possible in large institutions.²³

Relationships with medical professionals in Britain and the other Australian colonies were solidified in forums for the spread and development of psychiatric thought. Journals, such as the *British Medical Journal* and the *Medical Journal of Australia*, would quickly transmit new ideas regarding treatment and institutional management across Australia.²⁴ Groups such as the British Medical Association and the Royal Society opened local chapters in Tasmania and would likewise facilitate the spread of new ideas.²⁵ Conferences such as the Intercolonial Medical Congress of Australasia, one of which was hosted by Hobart in 1902, allowed not only for the sharing of ideas but for the forging of personal connections between interested specialists. The result of this was the location of Tasmanian psychiatry squarely within the mainstream of Australasian and British thought.

That psychiatry and psychiatric institutions developed as they did in Tasmania was, if not entirely inevitable, at least readily intelligible given what was

²³ Lewis, 'Colonial Dependence to Independent Centre', pp. 110-5.

²⁴ What is today known as the *Medical Journal of Australia* was the *Australian Medical Journal* from 1856-1895, the *Intercolonial Quarterly Journal of Medicine and Surgery* in 1896, the *Intercolonial Medical Journal of Australasia* from 1896-1909, and the *Australian Medical Journal* from 1910-1914, when it adopted its current title. All names as they appear subsequently reflect this dating, but it should be noted they essentially refer to the same publication.

²⁵ See Rebekah McWhirter, 'The British Medical Association in Tasmania and the Hospital Crisis', *Tasmanian Historical Research Association Papers and Proceedings*, 52, no. 3 (2005), pp. 175-182 for a discussion of the British Medical Association in Tasmania.

occurring elsewhere. The medicalisation of suicide that Michael MacDonald so compellingly argues for was part of the same process that saw the medicalisation of all mental ill health across the western world at this time. Western Europe, North America, Australia, New Zealand, and colonial communities in India and South Africa established asylums on broadly similar lines.²⁶ As Mark Finnane argues, the construction and dominance of institutional facilities by medical professionals was thus both a consequence and partial cause of a broader, society-wide tendency to adopt 'medicine as a way of thinking about and acting on body and mind'.²⁷

Local conditions

While psychiatrists in Tasmania shared the key assumptions and motivations of their overseas colleagues, this did not mean that psychiatric care developed in Tasmania in precisely the way in which they might have liked. The Hospital for the Insane at New Norfolk was continually on the brink of being overwhelmed by the inability, and perhaps unwillingness, of the Tasmanian Government to provide the institution with funding commensurate with the number of patients receiving treatment there.²⁸ This led to a series of stinging attacks on the Hospital by Dr William Crowther and his son Dr Edward Crowther, as well as a litany of public criticism from the media.²⁹ Royal Commissions in 1883 and 1904 also highlighted a number of significant problems with the state of the accommodation and the conditions that prevailed at New Norfolk.³⁰

²⁶ David Wright, 'Getting out of the Asylum: Understanding the Confinement of the Insane in the Nineteenth Century', *Social History of Medicine*, 10, no. 1 (1997), pp. 137-8.

²⁷ Finnane, 'Asylums, Families and the State', p. 143.

²⁸ Gowlland, *Troubled Asylum*.

²⁹ *Ibid.*, pp. 74-89, 121-5.

³⁰ *Ibid.*

Lack of proper funding also had consequences for the level of care that the Hospital for the Insane at New Norfolk could provide. Staff shortages prevailed not only because the Hospital could not afford new staff, but also because staff who were hired were paid less than in the other Australian states.³¹ In turn this meant that physical restraint was utilised much more frequently than was deemed acceptable by contemporary psychiatry.³² Superintendent Dr William Holdsworth Macfarlane and the Royal Commissioners of 1904 were apparently keenly aware of this fact. Their final report made unfavourable comparisons regarding the use of restraint with hospitals in South Australia, Victoria, New Zealand, London and New York.³³ The length of time people were kept under restraint was also a major issue. Of the 64 people who were placed under physical restraint in 1904, each spent an average of 109 full days in camisoles or other devices.³⁴ There is also some evidence suicidal patients were among the most likely to be subjected to physical restraint. The Royal Commission of 1904 stated that 'Dr. MacFarlane gives it as his opinion that in the majority of cases where proper accommodation and nursing can be obtained, [restraint devices] out to be decidedly in disuse, except for certain suicidal and destructive patients'.³⁵ Staff shortages were also blamed for escapes and the use of excessive force by staff.³⁶

³¹ *Ibid.*, p. 107.

³² Events such as the suicide of Bridget K. at the Hobart General Hospital, and the ensuing furore, might have also influenced hospital staff to adopt what they saw as the lowest risk options. See *Mercury*, 12 February 1881, p. 3; *Tasmanian*, 19 February 1881, p. 174.

³³ Gowlland, *Troubled Asylum*, p. 124.

³⁴ *Ibid.*

³⁵ *Ibid.*

³⁶ *Ibid.*, p. 116.

It has been well established that psychiatric hospitals elsewhere were the principal site for training specialists and conducting research.³⁷ Tasmanian hospitals, however, lacked funding for staff, staff training, or even library and other reference materials, and this significantly hindered the development of a strong local psychiatric profession.³⁸ Tasmania's relatively small and isolated population also made it much more difficult for private practitioners to run profitable outpatient services.³⁹ All of this meant psychiatry as a profession was less developed in Tasmania than in other places, and this remained the case through 1940.⁴⁰

Overseas psychiatry and the causes of suicide

Across the western world, early to mid-nineteenth century medical opinion was divided about the causes of suicide.⁴¹ In one camp were those who maintained, in keeping with a number of their eighteenth century predecessors, that some form of mental ill health or disorder was always responsible for suicide.⁴² In many ways this was a secular version of earlier approaches that viewed suicide as an exclusively supernatural or diabolic phenomenon. The other camp included those who not only rejected the absolutism of their opponents' denial of the possibility of sane (or even rational) suicide, but further stated that mental ill health, even when present at the time of a suicide, might not be a sufficient

³⁷ Grob, *Mental Institutions in America*, p. 6; Garton, *Medicine and Madness*, p. 55; Catherine Coleborne, "'His Brain Was Wrong, His Mind Astray': Families and the Language of Insanity in New South Wales, Queensland, and New Zealand, 1880s-1910", *Journal of Family History*, 31, no. 1 (2006), p. 47.

³⁸ Gowlland, *Troubled Asylum*, p. 107.

³⁹ Compare with Weaver and Wright, 'Suicide, Mental Illness, and Psychiatry in Queensland', pp. 102-27.

⁴⁰ John Weaver and David Wright have shown that Brisbane had developed a fairly robust extramural psychiatric profession by around 1925. *Ibid.*, p. 115.

⁴¹ Berrios, *The History of Mental Symptoms*, pp. 443-9.

⁴² *Ibid.*

explanation in itself.⁴³ This latter group gradually gained the upper hand, and by the 1880s, historian German Berrios writes, a consensus had ‘developed between French, German, British, Italian, and Spanish alienists on the definition and classification of suicide, and on the role played in its pathogenesis by heredity, mental illness, and social factors’.⁴⁴ Stephen Garton has made similar findings in relation to mental ill health in his study of New South Wales.⁴⁵ Though there was by no means agreement about the relative importance of each of the three factors, this broad coherence would continue beyond the period under investigation in this study.

The professional connections that psychiatrists forged throughout the late-nineteenth and early-twentieth centuries meant that ideas about the multi-causal nature of both mental ill health and suicide also featured heavily in the formulations of Australian psychiatrists. As with their European and American counterparts, however, Australian psychiatrists remained considerably more concerned with symptomology, classification, and asylum conditions.⁴⁶ The *Australian Medical Journal*, for example, dedicated very little space specifically to the causes of suicidal behaviour, and usually only discussed suicide in passing as a risk associated with particular conditions.⁴⁷ Establishing and developing an

⁴³ See, for example, Charles Moore, *A Full Inquiry into the Subject of Suicide* (London, 1790); Enrico Morselli, *Suicide. An Essay on Comparative Moral Statistics* (London, 1881); Berrios, *The History of Mental Symptoms*, pp. 443-51.

⁴⁴ Note that ‘social factors’ has a much more immediate meaning in this view (e.g. relationship breakdown, unemployment, etc.) than it did in the work of sociologists like Durkheim or Halbwachs. Berrios, *The History of Mental Symptoms*, p. 445.

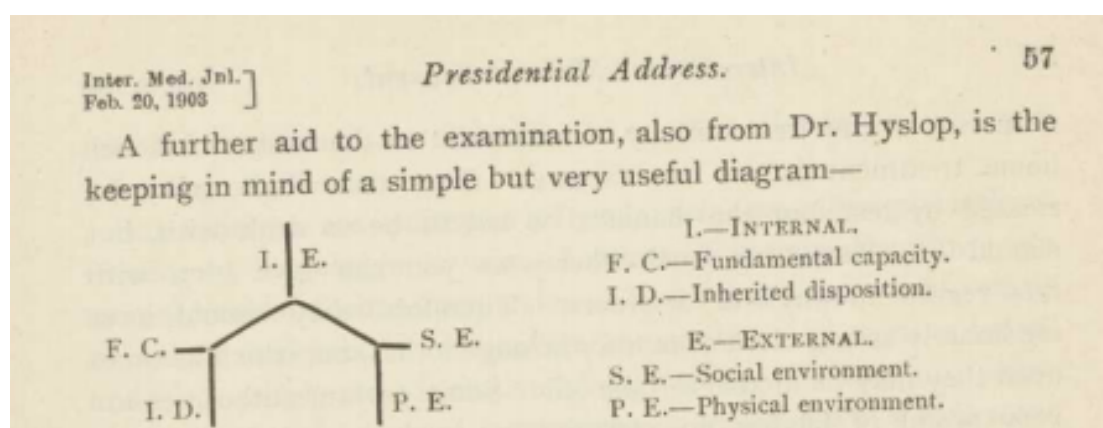
⁴⁵ Garton, *Medicine and Madness*, p. 55.

⁴⁶ Australasian Medical Congress, *Transactions of the Eighth Session Held in Melbourne, Victoria*, vol. 3 (Melbourne, 1908), pp. 250-6; *Australian Medical Journal*, 15 February 1890, pp. 62-74.

⁴⁷ One was a long piece in 1875 that attempted, in accordance with then-popular ideas, to establish the danger of ‘suicidal contagion’. Another was an interesting, if unconventional, correspondence that sought to connect low barometrical pressure with higher suicide rates. *Australian Medical Journal*, 17 (November, 1872), pp. 356-7. Patrick Smith, ‘Mental Contagion: Its

accepted nosology was a necessary first step: as noted by Maris, Berman and Silverman, 'understanding logically precedes intervention and control'.⁴⁸ Focussing efforts in this way led to developments in the understanding of depressive disorders and psychoses, which in later years would yield significant treatment innovations for suicidal patients.⁴⁹

Figure 5.1: W. Beattie Smith on the causes of insanity



Source: W. Beattie Smith, 'Presidential Address: Insanity in Relation to the Practitioner, the Patient, and the State', *Intercolonial Medical Journal*, 8, no. 2 (February, 1903), p. 57.

Tasmanian psychiatry and the causes of suicide

Throughout the period 1873-1940, medical examiners at New Norfolk were required to complete patient admission forms stating, among other things, whether an individual was suicidal, what they believed had caused their distress or illness, and the behaviours witnessed both by themselves and others that warranted their treatment at the institution. From an analysis of these documents it is therefore possible to learn what sorts of behaviours might lead

Relation to Crime, Suicide, and Certain Neuroses', *Australian Medical Journal*, 20 (December, 1875), pp. 373-402.

⁴⁸ Maris, Berman and Silverman, *Comprehensive Textbook of Suicidology*, p. 6.

⁴⁹ German E. Berrios, 'Melancholia and Depression During the 19th Century: A Conceptual History', *British Journal of Psychiatry*, 153 (1988), pp. 298-304 and German E. Berrios, 'Historical Aspects of Psychoses: 19th Century Issues', *British Medical Bulletin*, 43, no. 3 (1987), pp. 484-98.

to confinement, and how doctors sought to explain how such behaviours came to be.⁵⁰

Most patients deemed to be suicidal who were admitted to New Norfolk also exhibited what were believed to be other indicators of mental ill health. These symptoms were wide ranging, and included hallucinations, delusions, paranoia, excitement, hysteria, sleeplessness, restlessness, incoherent speech, silence, singing, the use of vulgar language, poor personal hygiene or unclean appearance, the refusal of food, violence or threats of violence, nudity, and inexplicable laughter or crying. Likewise, doctors offered a wide variety of suspected causes, usually based on interviews with family members, but sometimes at the suggestion of the patients themselves.⁵¹ The most common of these were overwork, worry, childbirth, disappointment in love, accidents, religion, business troubles, grief, alcohol abuse, masturbation, hereditary causes, and sunstroke. This all coheres with the position outlined by Berrios that the medical community largely saw suicide as a possible, if unquantified, combination of mental ill health, innate physical and psychological traits, and social or personal circumstances.⁵²

Indeed, it was not necessary for suicidal individuals to exhibit any symptoms of mental ill health to have their admission approved. For example, Alice W. attempted suicide twice in November 1920, both times by cutting her throat. On both occasions she received treatment for her wounds at the General Hospital in Hobart, and following her second visit was transferred to New Norfolk in order to obtain psychiatric care. It was stated on her admission papers that the doctors

⁵⁰ These documents can be found in Patient Records – Admission Papers, HSD285, TAH0.

⁵¹ See, for example, Patient Records – Admission Papers, HSD285/1/2799, TAH0.

⁵² Berrios, *The History of Mental Symptoms*, pp. 443-9.

could ascribe no reason for her actions. Alice herself 'did not know why she did it', and stated that when the attempts occurred she 'did not know what she was doing'. The medical assessment concluded that, owing to her two recent attempts, 'she cannot be discharged so must be placed under proper care and control'.⁵³ Similar cases, one of which also involved a transfer from the General Hospital, listed fairly commonplace human experiences such as physical illness and grief as the cause of the patient's suicidal behaviour.⁵⁴ This demonstrates that, while it was firmly believed that psychiatric facilities were sometimes seen as the best and safest place for the care and recovery of suicidal individuals, this did not mean that the medical professionals in these institutions necessarily believed that suicidal behaviour inherently depended upon the clear presence of a mental ill health. An individual's inability to cope with challenging personal or social circumstances was also considered to play an important role.

This is not to say that Tasmanian doctors and psychiatrists did not recognise the heightened risk of suicide that could accompany mental ill health. Numerous admission papers remarked that a patient's condition was such that, although they did not present overt signs of being suicidal, they 'may become so'.⁵⁵ Others stated that patients were 'not actively' suicidal, again implying something about their behaviour or mental processes that suggested suicide was a future possibility.⁵⁶ This is consistent with works published at the time, such as C. B.

⁵³ Patient Records – Admission Papers, HSD285/2/645, TAHO.

⁵⁴ Patient Records – Admission Papers, HSD285/1/110, TAHO.

⁵⁵ Patient Records – Admission Papers, HSD285/1/689; Patient Records – Admission Papers, HSD285/1/2808, TAHO.

⁵⁶ Patient Records – Admission Papers, HSD285/1/1162, TAHO. Other phrases, such as 'not to my knowledge', 'no signs at present, and 'unable to say anything' also appear among the admission papers. See Patient Records – Admission Papers, HSD285/1/898, TAHO; Patient Records – Admission Papers, HSD285/1/2359, TAHO; Patient Records – Admission Papers, HSD285/1/1312, TAHO.

Burr's 1902 *Primer of Psychology and Mental Disease*.⁵⁷ Intended as a guide for psychiatry students and nurses, the book discusses each of the classified psychiatric conditions, and includes a section on the risk of suicide that was attached to each. For example, patients diagnosed with Melancholia were assigned a strong tendency to suicide, while patients classified as exhibiting Melancholia with Frenzy were said to be at an extreme risk. Cases of Hystero-Melancholia were assigned a mild risk, as were those designated as suffering Paretic Dementia. Cases of Mania, Chronic Mania, Melancholia with Stupor, and Paranoia were not seen generally to represent a risk of suicide, though the risk in the latter was said to be extreme in rare cases.⁵⁸ A 1921 lecture book for attendants and nurses at New Norfolk, while employing a more simplified taxonomy, also highlights that 'special care' should be provided in cases of Acute Melancholia, owing to the heightened risk of suicide.⁵⁹ Though suicide was not seen as either being universally consequent upon, or solely caused by, mental ill health, it was recognised that certain psychological states could be causally connected to suicidal behaviour.

Challenges evidently remained, however, for doctors assessing a patient's risk of suicide.⁶⁰ In 1885, the 'Whether Suicidal' box on John D.'s admission file was marked 'Possibly – desires death'.⁶¹ This was despite the fact that Dr Edward

⁵⁷ C. B. Burr, *A Primer of Psychology and Mental Disease*, 3rd ed. (Philadelphia, 1906), pp. 44-48. The first edition of this book was referred to in an edition of the *Australian Medical Journal*.

⁵⁸ *Ibid.*, pp. 97-133.

⁵⁹ Mental Diseases Hospital, New Norfolk, *Lectures for Attendants and Nurses* (Hobart, 1921).

⁶⁰ General practitioners found the task equally difficult throughout the period under study here. In 1939, Dr. Klausen testified at the inquest of Doris H. that Doris had written to her and said that 'if she could not get £50 from somewhere she would commit suicide'. After a conversation with Doris Dr. Klausen mistakenly felt 'quite satisfied there was no serious risk of her doing so'. Inquest Files, AGD20/1/72 (no. 137), TAHO.

⁶¹ Patient Records – Admission Papers, HSD285/1/650, TAHO.

Crowther stated that he had been treating him for over a year and his condition had become

so bad that he cannot be trusted to remain at home for his own safety or for that of others. He is constantly walking up and down day and night wishing to die and stating that he is a most miserable wretch. He must be put under proper control or he will destroy himself and his family. He is always wishing to be in Hell and has asked me many times for something to put an end to his misery.⁶²

Staff at the General Hospital in Hobart corroborated this assessment. The attendant in charge stated that he 'says he wishes he had a dagger to stick in his heart. He wishes he was in Hell. He has asked me several times for poison'.⁶³ Likewise, the house surgeon testified that 'he says he is a vile wretch, that his soul is destroyed, that he does not care any longer for his wife and family'.⁶⁴ Many others were judged in similar ways, at least up to 1920s. Angela O.'s 1880 admission was marked 'No but threatened suicide'.⁶⁵ Alice B.'s file in 1886 was marked as 'Slightly' suicidal, despite communicating a desire to end her own life to both her sister and husband.⁶⁶ In 1890 Helen T.'s file read 'No but wishes she were dead and has asked others to destroy her and has threatened to take poison'.⁶⁷ Eleanor W.'s file in 1900 was marked as 'Not definitely known', despite its being stated elsewhere in the same file that she 'tried to choke herself by tying a strip of blanket tightly round her neck'.⁶⁸ Louisa S.'s file from 1920 was marked as 'Threatened only'.⁶⁹ In 1940, Dorothy H.'s file was marked 'No' in the

⁶² *Ibid.*

⁶³ *Ibid.*

⁶⁴ *Ibid.*

⁶⁵ Patient Records – Admission Papers, HSD285/1/2205, TAHO.

⁶⁶ Patient Records – Admission Papers, HSD285/1/302, TAHO.

⁶⁷ Patient Records – Admission Papers, HSD285/2/449, TAHO.

⁶⁸ Patient Records – Admission Papers, HSD285/2/512, TAHO.

⁶⁹ Patient Records – Admission Papers, HSD285/2/275, TAHO.

‘Whether Suicidal’ section, despite both medical reports clearly stating that she exhibited ‘suicidal tendencies’.⁷⁰

Though suicide risk assessments remain incredibly challenging today, the preponderance of women among such cases also suggests that staff might have been influenced in their judgements by prevailing cultural assumptions about the suicidal behaviour of women. Other historians have shown how a wide range of diagnoses were infused with social judgements, and it seems plausible that this was another.⁷¹ Misapprehensions that the suicidal thoughts, threats, or suicide attempts of women were less serious than those of men may have been what was implied by the oxymoronic ‘threatened only’ classifications.⁷²

Medical views among the wider population

Chapters Three and Four argued that Tasmanians as a whole were both sensitive to, and aware of, the connection between mental ill health, an individual’s psychological makeup, challenging circumstances, and suicide. During their inquest testimonies, families, friends, and associates of individuals who had died from suicide frequently explained their relatives’ deaths in these terms. Reporters who relayed news of suicidal deaths to a wider audience did likewise. Combined with the above analysis of medical approaches, this suggests that there was significant overlap between lay and professional understandings of

⁷⁰ Patient Records Removed from Case Books, AB479/2/159, TAHO.

⁷¹ Marjorie Levine-Clark, ‘Dysfunctional Domesticity: Female Insanity and Family Relationships among the West Riding Poor in the Mid-Nineteenth Century’, *Journal of Family History*, 25, no. 3 (2000), pp. 341-361; Philippa Martyr, ‘Behaving Wildly’: Diagnoses of Lunacy among Indigenous Persons in Western Australia, 1870-1914’, *Social History of Medicine*, 24, no. 2 (2010), pp. 316-33; Patricia E. Prestwich, ‘Female Alcoholism in Paris, 1870-1920: The Response of Psychiatrists and of Families’, *History of Psychiatry*, 14, no. 3 (2003), pp. 321-336; Catherine Coleborne, ‘White Men and Weak Masculinity: Men in the Public Asylums in Victoria, Australia, and New Zealand, 1860s-1900s’, *ibid.* 25, no. 4 (2014), pp. 468-76.

⁷² An article published in the *Mercury* in 1870 portrays such a view. Under the heading ‘CHANGING HER MIND’, the article portrays a woman’s suicide attempt as insincere and labels it ‘fickle’. See *Mercury*, 22 February 1870, p. 2.

suicide, and that professional understandings were informed at least as much by accepted social and cultural understandings of suicide as those social and cultural understandings were shaped by professional medical opinion.

Newspapers and other media did not make medical information about suicide readily available to their readers, except as it was reported in connection with inquest proceedings. The few longer articles that dealt exclusively with the subject did not reflect the approaches of mainstream psychiatry. Most were republished British lectures that had been received over a wire service. One example, printed in 1892 as the temperance movement was taking hold, stated that suicide was mostly the product of alcohol use and ‘religious doubts and fear’. It also suggested that gambling, the pursuit of wealth, and, ‘occasionally hereditary causes’ could be responsible.⁷³ Such accounts exist in stark contrast to the frequently published and morally neutral accounts of actual suicidal deaths highlighted in Chapter Three, which explained most suicides with reference to personal circumstances and the role of mental ill health. Though both approaches express a view about the causes of suicide, only one coheres with the verdicts that were brought down by inquest juries assessing actual cases of suicide. Newspapers did not publish conventional medical accounts of suicide—except implicitly in the context of suicidal deaths or inquest hearings—and Tasmanians did not form their views through moralistic imitations. Public and professional discourses intersected and developed in real life situations; they were not broadcast from psychiatrists to the public through the press.

⁷³ *Daily Telegraph*, 27 February 1892, p. 6.

Stephen Garton has found that a 'popular literature on brain and nerve complaints flourished' in twentieth century Australia.⁷⁴ While the reading habits of Tasmanians are almost impossible to quantify, evidence from inquest testimony, newspaper reports, and asylum admission documents lend basic support to this idea.⁷⁵ It is also important to note, however, that between 1873 and 1940 I have found only one example among either the inquest or the admission files of patients who had sought to treat their own symptoms with 'quack' remedies.⁷⁶ Self-medicating with alcohol or laudanum—purchased from a chemist—was much more common.⁷⁷ This suggests that Tasmanians experiencing mental ill health did not have much faith in the cures promised by products such as Dr. Williams' Pink Pills for Pale People, which were advertised as a remedy for almost any condition.⁷⁸ Popular knowledge of mental ill health did not generally push suicidal individuals towards alternative medicines.

Catherine Coleborne has suggested that medical and pharmaceutical advertising combined with other sources of information to promote the development of a 'shared language' of mental breakdown.⁷⁹ Such a shared language is evident in Tasmania throughout each decade of the period 1873-1940. The table below lists

⁷⁴ Garton, *Medicine and Madness*, p. 67.

⁷⁵ Newspapers also printed articles advising readers on numerous other medical issues, such as the treatment of burns, shock, and the importance of sterilisation, to name just a few. See *Advocate*, 28 January 1933, p. 10; *Advocate*, 14 May 1938, p. 12; *Huon and Derwent Times*, 19 August 1937, p. 3.

⁷⁶ *Mercury*, 11 June 1894, p. 3. It is possible that there were others who treated their conditions with 'quack' remedies, but the inquest process did not elicit such information. However, even if this were the case, the number would still be a very small percentage of the total number of cases.

⁷⁷ See, for example, *Daily Telegraph*, 7 March 1903, p. 5; *Zeehan and Dundas Herald*, 18 November 1903, p. 4; *Examiner*, 13 January 1905, p. 6; *Mercury*, 31 December 1909, p. 6.

⁷⁸ *North West Post*, 30 September 1897, p. 4. Other similar products included Green's August Flower (*Mercury*, 22 March 1882, p. 1), Clements Tonic (*Tasmanian*, 19 March 1892, p. 24), Am. Hop Bitters (*Tasmanian*, 21 November 1885, p. 19), Aromatic Schnapps (*Daily Telegraph*, 17 December 1884, p. 3), and Laxo-Tonic Pills (*North Western Advocate and the Emu Bay Times*, 6 May 1909, p. 3). The very presence of such advertising does suggest there was at least a small market for such products.

⁷⁹ Coleborne, "'His Brain Was Wrong'", p. 54.

all the terms that were used in the 1930 admission documents to describe a patient's mental condition by doctors and families, and is ordered from most frequently mentioned to least frequently mentioned. Though I have found little difference between the descriptions below and those of earlier years, 1930 was selected as later years should, if there was any marked change, reflect a growing divergence in the knowledge and power of the medical profession relative to the everyday population.⁸⁰ In other words, to the extent that they did exist, differences in describing illnesses should be most pronounced towards the end of the period.⁸¹ 1940 was not selected because, as mentioned above, information received from others was no longer so clearly demarcated from the judgements of medical professionals.

Table 5.1: Descriptions given by doctors and families in admission files, 1930

<u>Doctors</u>	<u>Families</u>
Suffering from delusions	Wanders about at night
Is very melancholy/ depressed	Attempted suicide
Will not reply to/does not understand questions	Refuses to answer questions
Threatened to commit suicide	Cries most of the day and night
Weeps and wails constantly	Threatened suicide
Shows an entire disregard to personal cleanliness or appearance	Does not sleep
Hysterical outbursts/ agitation	Will not speak
Has hallucinations of hearing	Restless
Unable to carry on a conversation, jabbering about different subjects	Cannot stop thinking of past illnesses
Appears to be worried	Very melancholy
When spoken to gets very confused	Will not take medicine or food
Very restless	Takes no interest in people or surroundings
Does not know where she is	Shouts and makes a noise at night
Filthy language	Always talks about snakes attacking her in the bush
Emotionally unstable: excitable or depressed	Always talking about being destroyed by fire

⁸⁰ See Willis, *Medical Dominance*.

⁸¹ Of course, it is possible the period after 1873 witnessed a significant increase in the knowledge of the general population relative to the medical profession – that, in other words, the public ‘caught up’ with the advances in medical understanding. Again, this is not evident from the 1873 files that constitute the data set for this study.

Keeps singing out in a wild and irrational manner	Talks almost incessantly to imaginary persons
Repeatedly stated that something is impelling her to take her life	Very incoherent
Menopause psychosis	
Refuses food and medicine	
States will never get better	
Unemotional	
Evidence of a complex of a sexual nature	
Refuses to keep clothes on	

Source: Patient Records – Admission Papers, HSD285, TAHO; Patient Records – Case Books (All Patients), AB365, TAHO.⁸²

There is clearly some difference in the types of terms that were used. Doctors tended to employ more standardised descriptors, such as ‘suffering delusions’, whereas families recounted specific things that a patient said or did. But this does not mean that anything different was meant by these words or phrases. In fact, by viewing admission documents where medical officers used what might be considered ‘specialised’ terms in conjunction with the ongoing patient case files, we can find many instances where doctors also used more ‘common’ descriptors and turns of speech to describe a patient’s progress or decline.

Perhaps the most interesting of such cases is Charlotte M., who was diagnosed on admission as experiencing a ‘delusion of immediate death’, ‘delusions of loss of blood’, and as suffering from ‘menopause psychosis’.⁸³ Her admission form contained what might be considered the most ‘specialised’ language of any file. However, no further mention was ever made of ‘menopause psychosis’, and there is no explanation, except perhaps her age, as to why this was recorded on her file in the first place. In addition, the notes made by doctors in her case file

⁸² Some of the more frequently used categories have been altered slightly from the original wording to prevent repetition, though only words that do not alter the mode of description. For example, ‘labours under a delusion’ and ‘suffers from a delusion’ have been collapsed into the same category, whereas ‘always talks about snakes attacking her in the bush’ has not been so categorised.

⁸³ Patient Records – Admission Papers, HSD285/1/1922, TAHO.

often resembled the language used by families. One notation records that she was 'very emotional and weeps and wails without cause. Says "what's the use of talking to me when you know that I am dead"'. Another stated that she 'alleges the nurses are conspiring against her'.⁸⁴ Such descriptions, which recount statements made by the patients as a way of explaining that the patient was suffering delusions, are indistinguishable from the ways in which family members would describe similar psychiatric states.

The reason for this crossover is that both the lay descriptions and the medical vernacular were describing outward, observable behaviours. The medical usage of 'delusions' was not referring to an underlying functional cause of the psychiatric behaviour, but was instead a description of symptoms that families also described, though in their case through references to their everyday experiences. This is probably the same reason why 'menopause psychosis' vanished from the case files as rapidly and inexplicably as it had appeared: the diagnosis referred to symptoms rather than causes and treatment. Medical understandings of suicidal behaviours and mental ill health more broadly were such that they could do little else.

As late as 1930, therefore, medical professionals did not possess a great advantage over the collective citizenry in terms of understanding the causes of mental ill health and suicidal behaviour. Part of the reason for this is that public understandings were not the result of breakthroughs achieved by the medical profession being subsequently transmitted to the public – articles of this nature simply did not appear in the newspapers. Rather, both groups had gradually

⁸⁴ Patient Records – Case Books (All Patients), AB365/1/28 (no. 4817), TAHO.

developed their understandings through shared interactions in settings such as the asylum and inquests.

The nature of treatment and suicide prevention

Documents for guiding staff at New Norfolk provide insight into what institutional life was like—or at least meant to be like—for the suicidal. The most important of these is *Regulations for the Guidance of Officers and Attendants in the Lunatic Asylum, New Norfolk*. First issued in 1856, and reprinted without change in 1883, the document paints a picture of an institution that was designed to be safe, unthreatening towards patients, and in which the individuals held there would be able to recover gradually. Much of what it contains appears to have been informed by contemporary thinking about what constituted sound asylum management – a topic that was of great concern to specialists throughout the period and which features heavily in the medical journals and conference proceedings of the period.⁸⁵

The opening section of the *Regulations* outlined the basic rules that should govern the asylum. These include predictable things such as the prohibition of alcohol, gambling, and the conduct of private work by staff, as well as guarantees designed to ensure that a basic standard of maintenance and patient hygiene would prevail. Broad outlines of staff procedures for controlling violent

⁸⁵ *Regulations for the Guidance of Officers and Attendants in the Lunatic Asylum, New Norfolk* (Hobart, 1856). A digital copy is available at <http://www.willowcourttasmania.org/wp-content/uploads/2012/08/Regulations-for-the-Guidance-of-the-Officers-and-Attendants-in-the-Lunatic-Asylum-New-Norfolk-1856.pdf>. A partial copy of the 1883 regulations appears in Gowlland, *Troubled Asylum*, pp. 189-192.

patients—it ‘must always be done calmly and with decision’, and always with a sufficient number of wardsmen—were also listed.⁸⁶

The document also outlines the roles that each staff member, or group of staff members, were expected to perform. The Surgeon-Superintendent was responsible for overall management of the institution, and was reminded that, as ‘a general rule, mild and palliative treatment is most advisable to be adopted in the management of the Insane, and the Surgeon-Superintendent will be expected to conform to that system’.⁸⁷ Head keepers, under keepers, matrons, night watchmen, wardsmen, and wardswomen were all responsible in various ways for patient supervision, inspection, and management, monitoring whether other staff members were performing their duties, and for ensuring the smooth implementation of the routines of the institution. The first of these duties, patient supervision, was heavily emphasised. Measures to prevent patients from obtaining dangerous articles also featured. Under keepers were to collect from staff any personal razors or pocket knives that they might have in their possession, and to take control of the scissors and razors that were used by the institution’s barber when not in use. Gatekeepers were to search all patients who had been outside the institution for anything that may be used to inflict violence upon themselves or others. All of this paints a picture of a site that was designed to withhold from suicidal patients any means by which they might inflict harm upon themselves, and to deny them any unsupervised opportunity to do so. Even bathing was to be closely monitored.

⁸⁶ *Regulations for the Guidance of Officers and Attendants in the Lunatic Asylum, New Norfolk* (Hobart, 1856), p. 3.

⁸⁷ *Ibid.*, p. 5.

The previously mentioned 1921 lecture book for nurses at New Norfolk also portrays an institution that sought to manage suicidal patients by employing strict suicide prevention techniques and routines. The book lists the most common methods of suicide in psychiatric institutions—hanging, choking, drowning, cutting throat, poisoning, swallowing pins or other dangerous articles, stabbing, and throwing from height—and four methods were detailed as to how best to prevent such tragedies from occurring. First, nurses were to employ ‘constant observation both day and night’. They should ‘never allow [a suicidal] patient out of their sight’, and must ‘never leave him to attend to anything else’.⁸⁸ Care that patients were not neglected during the change of shifts was also insisted upon. In a similar way, the availability of potential weapons was to be closely monitored. The guide stated that if a ‘knife or pair of scissors or other dangerous article be missed in any ward, the matter must be reported, and unceasing search made until found. If a pane of glass be broken, all fragments, both in frame and on the ground, must be removed at once and locked away’.⁸⁹ Second, ‘frequent searching of suicidal patients’ was to be employed, in order to prevent them possessing strings, pins, needles, hairpins, or other sharp instruments.⁹⁰ This was similar to the third preventative approach, which stated that patients, their clothes, and their bedding were to be ‘thoroughly searched’ immediately prior to handing the patient to the night nurse. Finally, and in chilling brevity: ‘Use of restraint’.⁹¹ The similarity between this guide and the 1856 *Regulations* suggests that the broad parameters of treatment for suicidal

⁸⁸ Mental Diseases Hospital, New Norfolk, *Lectures for Attendants and Nurses* (Hobart, 1921), pp. 32-4.

⁸⁹ *Ibid.*

⁹⁰ *Ibid.*

⁹¹ *Ibid.*

patients did not change significantly from the mid-nineteenth century until at least the 1920s.

The case files of individual patients are also informative about conditions at New Norfolk, and provide insight into how, or to what extent, these written approaches operated in practice. The treatment history of Louisa S., admitted in 1920, is broadly typical of approximately half of the suicidal patients who underwent treatment at New Norfolk. On admission she stated that 'I know I am wrong in the head', and that 'sometimes I feel quite well and sometimes very bad'.⁹² Shortly after, her doctor noted that she was being 'kept under observation, as her condition is, at present, very uncertain', and wrote that it was 'difficult in the patient's confused condition to form a definite prognosis as to her future prospects of recovery'.⁹³ Over the following month she remained extremely depressed and suicidal, telling the doctor on several occasions of her desire to die, and for a period required tube feeding as her depression had caused her to stop taking food. She was 'taking very little interest in her surroundings' and would 'not answer questions' when spoken to – observations that appear throughout patient case files and seem to have been used as a basic diagnostic test.⁹⁴ Gradually, Louisa showed signs of improvement, began to be allowed outside, and began 'taking some interest in her surroundings and [would] answer questions when spoken to'. Soon after the hospital engaged her in

⁹² Patient Records – Admission Papers, HSD285/2/275, TAHO.

⁹³ Patient Records – Case Books (All Patients), AB365/1/25 (no. 3848), TAHO. All subsequent quotes are taken from this file.

⁹⁴ Other recurring observations were that the patient spoke rationally, that their appearance was normal and they were in good physical health, they were sleeping well, they had insight into their condition, and they were able to work steadily. These phrases were also reversed in less hopeful observations: the patient was incoherent or irrational, they were in poor bodily health, they were restless and not sleeping well, they had no insight into their conditions, or they were unable to work.

work—generally sewing for the female patients—the load of which was increased as she continued to improve. This aspect of treatment was closely connected to the dominance of ‘moral management’ theories mentioned earlier.⁹⁵ Slightly less than four months after her admission the medical officer wrote that ‘she is light, cheerful, speaks in a rational and coherent manner, and works well in the ward’. She was discharged the following day accompanied by her husband. Examples of patient histories that followed a near identical course can be found amongst each decade of the data set. A distinct image of the New Norfolk asylum therefore emerges. Ideally, suicidal patients would enter into an environment specifically designed to keep them safe, and would gradually improve over time. This could take anywhere between two months and two years, but they would leave ready to return to their normal lives. Only five patients died from suicide between 1873 and 1940, and only one did so in the 55 years between 1877 and 1932. It can therefore be surmised that New Norfolk employed a treatment plan for suicidal patients with four main features: watch the patient closely, withhold from them any means of violence, engage them in work, and wait for their recovery. Such a process is understandable given the lack of medical understanding and expertise, alluded to in Louisa S.’s doctor’s comments above, about the causes and treatment of suicidal behaviour. It was also remarkably effective if suicide prevention was the ultimate priority.

However, for the remainder of the patients that comprise this study—that is, nearly half of all suicidal patients—this treatment either did not go so smoothly,

⁹⁵ Susan Piddock, ‘Convicts and the Free: Nineteenth-Century Lunatic Asylums in South Australia and Tasmania (1830-1883)’, *Australasian Historical Archaeology*, 19, Special Issue: Archaeology of Confinement (2001), pp. 90-1.

did not lead to any improvement, or even sometimes made things worse.⁹⁶ Margaret M., admitted in 1890, was one such patient.⁹⁷ She was diagnosed with ‘acute mania’ and displaying ‘suicidal tendencies’, and received sedative medication from her first day. Soon after she was placed in a padded room to prevent her from harming herself, and was given cannabis indica daily in an attempt to control her behaviour. After being removed from the padded room, the medical officer reported that she was ‘nearly always restrained in a camisole’. Things apparently escalated even further, and soon after it was reported that ‘she wears a camisole continually and is always under special supervision’. This did not change for two and a half months. In the long term her condition never improved, and just before Christmas in 1897 she died at the hospital of heart and brain disease.

Margaret M.’s treatment history demonstrates that the use of restraint was not implemented as cautiously or infrequently as legislation and staff guidebooks might have suggested. Other patients were subjected to similar methods. Eliza J., admitted in the same year, not only spent five weeks in a camisole but also had her hands ‘fastened to the side of the bed’ by the hospital staff.⁹⁸ On another occasion she spent several nights with her hands tied together and the bed sheets fastened around her. It is hard to know how truly necessary such ongoing restraint was, though the reasons for imposing restraint were usually given in the files. In some instances it was recorded that Eliza was restrained to prevent her from assaulting staff, destroying her clothing or throwing furniture. In

⁹⁶ In addition to those below, see Patient Records – Case Books (All Patients), AB365/1/28 (no. 4804), TAHO; Patient Records – Case Books (All Patients), AB365/1/28 (no. 4803), TAHO; Patient Records – Case Books (All Patients), AB365/1/25 (no. 3865), TAHO.

⁹⁷ Patient Records – Admission Papers, HSD285/1/1857, TAHO; Patient Records – Case Books (All Patients), AB365/1/9 (no. 1624), TAHO.

⁹⁸ Patient Records – Case Books (All Patients), AB365/1/9 (no. 1654), TAHO.

another, however, it seems she was restrained simply to prevent her from stripping the sheets from her bed. The same is true of Eleanor W., who in 1900 was placed in 'the sleeves' following a suicide attempt.⁹⁹ This seems understandable, especially given staff shortages and inadequate funding, until one reads later in her file that she was moved to the 'open ward' to allow her to be constantly, if not individually monitored. There were other options available to staff, and it appears that in these cases physical restraint was not always used strictly as a last resort.

We can also see from Margaret M.'s file the case-by-case manner in which various drugs were given to patients, particularly in the earlier years of this study. Until the 1920 patient files it appears that few of the other suicidal patients were ever given any medication beyond common sedatives, and even these appear relatively infrequently in the patient case files. The doctors at New Norfolk did supply patients with other drugs, however. Eliza H., who apparently had some form of addiction, was in 1873 given narcotic stimulants to help her sleep, to good effect.¹⁰⁰ In 1890, Eliza J. mentioned above, was given half a pint of stout a day to help her sleep at night as she had been accustomed to taking spirits before bed prior to her admission.¹⁰¹ In a time before the development of anti-psychotic medications or recognition of the potential usefulness of substances such as lithium, it is not particularly surprising that everyday substances such as alcohol and marijuana, whose effects were well known and predictable, would be used to try to calm or benefit some patients. However, until the later years of this study it would be inaccurate to suggest that any

⁹⁹ Patient Records – Case Books (All Patients), AB365/1/13 (no. 2311), TAHO.

¹⁰⁰ Patient Records – Case Books (All Patients), AB365/1/1 (nos. 64-5), TAHO.

¹⁰¹ Patient Records – Case Books (All Patients), AB365/1/9 (no. 1654), TAHO.

particular medication plan represented the common experience, or indeed even that of a single other suicidal patient.

By around 1920, drugs began to be administered much more freely and experimentally. Patients were given substances such as paraldehyde, hyoscyamine, and calomel, which ranged from being fairly effective sedatives to, in the case of calomel, potentially causing mercury poisoning.¹⁰² Ann W., admitted in 1920, was at one point taking six different medications.¹⁰³ The increase in the use of drugs does not seem to have caused a notable decline in the use of physical restraint, at least initially. Chemical sedation did not make the straightjacket immediately redundant; sedatives and physical restraints were instead often used simultaneously in 1920.¹⁰⁴ This suggests that the use of these substances represented unsuccessful attempts by hospital doctors to uncover new pharmaceutical treatments.

By 1940, however, physical restraint was not applied to any of the suicidal patients admitted in that year. Patients who were outwardly and inwardly violent—that is, those who would almost certainly have been subjected to mechanical restraint in earlier decades—were instead heavily sedated. One such patient, Alfred B., was recorded as being ‘practically comatose from sedatives’, though unfortunately his file does not record what particular medication he was

¹⁰² Calomel was not a new substance in the 1920s. However, it was only at this time that its use begins to appear in the treatment records of suicidal patients at New Norfolk. For examples of its use in Tasmania as early as the 1830s, see Martyr, ‘No Paradise for Quacks?’, pp. 143-4.

¹⁰³ Patient Records – Case Books (All Patients), AB365/1/25 (no. 3870), TAHO.

¹⁰⁴ Patient Records – Case Books (All Patients), AB365/1/25 (no. 3916), TAHO; Patient Records – Case Books (All Patients), AB365/1/28 (no. 4804), TAHO; Patient Records – Case Books (All Patients), AB365/1/28 (no. 4803), TAHO; Patient Records – Case Books (All Patients), AB365/1/28 (no. 4817), TAHO. In 1881 Dr H. B. Wilbur, a superintendent for thirty years at the New York State Asylum, suggested that ‘the use of mechanical restraint and “chemical restraint” were directly related; the more mechanical restraints were employed, the greater reliance there was on sedatives and narcotics’. Grob, *Mental Illness and American Society*, p. 14.

taking.¹⁰⁵ Probably due to the effectiveness of these drugs, the use of more everyday substances had also completely ceased by 1940.

The increase in the use of sedative medications in the 1920s coincided with the introduction of extensive testing for patients on admission. They would be subjected to an array of reflex tests, eye exams, and urine analyses, something which not only appears to have been connected to ideas about the causes and diagnosis of various mental illnesses, but also had little in common with earlier moral management techniques.¹⁰⁶ By 1940 these tests had become an official part of the admission process and were included on the printed form that was completed by doctors. From around 1920, therefore, the psychiatric hospital at New Norfolk was increasingly focussed on research, the collection of patient data, and trials of potential new treatments: in other words, the broader research program of Anglo-American psychiatry. This fits with the finding of Stephen Garton that the psychiatric hospital was the primary site for researching and theorising about mental illness and its treatment.¹⁰⁷

Perhaps the most striking development in psychiatry during this period, however, was the discovery and progress of insulin coma and metrazol convulsive therapies. The procedures, which came to be known popularly as 'shock treatment', were first trialled in the mid-1930s by Viennese physician Manfred Sakel (insulin coma therapy) and Hungarian physician Ladislav von Meduna (metrazol convulsive therapy).¹⁰⁸ The procedures spread rapidly across

¹⁰⁵ Patient Records – Case Books (All Patients), AB479/2/992, TAH0.

¹⁰⁶ Grob, *Mental Illness and American Society*, p. 70.

¹⁰⁷ Garton, *Medicine and Madness*, p. 55, and Coleborne, "'His Brain Was Wrong'", p. 47.

¹⁰⁸ Grob, *Mental Illness and American Society*, pp. 296-9.

the western world in the late 1930s.¹⁰⁹ Perhaps the fundamental reason for this was that the treatments were somatic therapies—that is, they targeted physiological functioning. In turn this held out the possibility of a reduced reliance on imprecise treatment methods involving counselling or environmental modifications. It also brought the promise, long sought after by large numbers of psychiatrists, that psychiatry could operate within ‘the medical model of disease’, which in turn would bring therapeutic benefits for patients and status increases for practitioners. Essentially, the treatments carried the aura of science.¹¹⁰ Shock therapies had the further appeal of being developed, and seemingly most useful, for cases of schizophrenia and other illnesses, which to that point had proved largely intractable. The possibility that shock treatment would prove to be psychiatry’s long sought-after ‘silver bullet’ also made for exciting news stories, and no doubt contributed to both the tone and breadth of the publicity that surrounded the new treatment in Tasmania.¹¹¹ The relative ease with which the treatment could be deployed also cohered neatly with the dominant framework for managing and treating mental ill health, as institutions could potentially treat patients with severe mental ill health in very large numbers.¹¹² To give some idea of how quick the spread of these treatments was, American historian Gerald Grob has written that ‘by 1940 virtually every mental hospital [in the United States] had introduced insulin and metrazol therapy’.¹¹³

¹⁰⁹ *Ibid.*, pp. 296–7.

¹¹⁰ Grob has also suggested that the adoption of these new therapies helped psychiatry exclude or sideline ‘nonmedical groups then seeking recognition in the mental health field’, because of the specific expertise that was required to administer such treatments. That this was one consequence of the new treatments is quite likely, but as for it being a motive of psychiatry is both questionable and much more difficult to ascertain. *Ibid.*, p. 299.

¹¹¹ See, for example, *Examiner*, 5 April 1938, p. 8.

¹¹² Grob, *Mental Illness and American Society*, p. 299.

¹¹³ *Ibid.*

Tasmanian psychiatry and the hospital at New Norfolk were by this time closely connected to such overseas developments, and they too began the use of insulin coma and metrazol convulsive therapies in 1937. In 1940, three of the ten suicidal patients admitted that year began metrazol therapy, as this was generally believed to produce better outcomes than insulin coma therapy for patients with depressive disorders.¹¹⁴ For two of these patients the treatment appeared to be a success. Mona S., who suffered from a number of paranoid delusions, suicide ideation and extreme emotional instability, was given 5mls of cardiazol (another name for metrazol) twice weekly for three weeks. This induced 'grand mal' seizures that mimicked those produced by epilepsy. Almost immediately afterward doctors reported that 'mentally she appears normal', and she was released to Millbrook Rise, a residential facility for less acute patients.¹¹⁵ Dorothy H. was a similarly striking case. Though she did not exhibit psychotic symptoms, she was described as experiencing 'profound depression', 'suicidal tendencies', and general disorientation. Within a few days of her admission she was being tube fed on account of her refusal to take food. A few days later she started the same cardiazol therapy of 5ml issued twice weekly for three weeks. Following her treatment the doctor recorded in her file that

This woman now appears to be very well mentally. Apparently responded to Cardiazol very well. She is bright, mentally alert, and has a great deal of insight into her former mental condition. Says she now wishes to go home and be a good wife to her husband like any other woman.¹¹⁶

¹¹⁴ For a contemporary discussion of the therapies' efficacy in treating depressive disorders, see Julius Solovay and Frank Schwarz, 'Pharmacological Shock Treatment of Involutional Melancholia', *Journal of Nervous and Mental Disease*, 93, no. 4 (1941), pp. 443-50.

¹¹⁵ Patient Records Removed from Case Books, AB479/2/331, TAHO.

¹¹⁶ Patient Records Removed from Case Books, AB479/2/159, TAHO.

Bertram W. was a schizophrenic patient who also began receiving shock treatment in 1940. Unlike the cases above, no improvements were recorded in his file, though he too was transferred to Millbrook Rise shortly after receiving the therapy. However, foreshadowing one of the problems that would come to be found with shock therapies, his condition relapsed and he was readmitted in 1943.¹¹⁷ He then received a program of insulin coma therapy that brought little relief, and he remained at New Norfolk for three years before being released to his family.¹¹⁸

As with psychiatric hospitals everywhere, the Hospital for the Insane at New Norfolk was trying to understand shock therapy at the same time as they were administering it. Part of the reason for this was simply that the treatments were so new. As the *Mercury* wrote in early 1937, it was 'well known that remissions in the seriousness of [schizophrenia] do occur, so some years must elapse before it is certain whether insulin shock is going to mean a permanent cure'.¹¹⁹ Another was that, while such treatments seemed to offer promising results, there was little to no theoretical understanding of why this might be so.¹²⁰

The case of Nelly H., another suicidal patient admitted in 1940, demonstrates both the enthusiasm that surrounded the treatments and the experimental way in which they were deployed. The day after her admission she rapidly became very ill, and died soon after of bronchopneumonia and cardiac failure. As she was ailing, doctors at the hospital administered a cardiazol injection, which

¹¹⁷ Patient Records Removed from Case Books, AB479/2/1318, TAHO.

¹¹⁸ *Ibid.*

¹¹⁹ *Mercury*, 24 February 1937, p. 4.

¹²⁰ Grob, *Mental Illness and American Society*, pp. 296-7. Indeed, Grob goes as far to say that the 'technique had no theoretical basis, and any conclusive evidence regarding its effectiveness was lacking. "Shock" treatment, as a matter of fact, was an example of a therapy that was introduced in the absence of any data relating to its therapeutic qualities'. *Ibid.*, p. 300.

apparently brought some minor and short-lived improvement. That the doctors would turn to shock therapy drugs at such a time speaks volumes to the optimism that surrounded their emergence.¹²¹

The adoption of shock therapies at New Norfolk thus represented a significant shift in the nature of psychiatric care in Tasmania. The magnitude of the medical intervention, combined with the risks associated with the treatment, meant that the Hospital for the Insane at New Norfolk was a long way from the system of 'mild and palliative treatment' that prevailed from 1856 until at least 1920.¹²² Indeed, such was the scope of change that in 1954 the *Mercury* would confidently write that in psychiatric hospitals the 'emphasis is not on care and control as in the old days. The emphasis is on cure'.¹²³

Extramural treatment

For every person treated at New Norfolk, several more sought professional help outside of an institutional setting. Local or family doctors, who represented a known and trusted source of medical information, were generally the first point of contact for suicidal individuals or their families who felt they did not know how to care for themselves or their relatives. Their experience gave them some capacity to assess the risk that a particular patient represented, and to provide advice accordingly.

¹²¹ It has also been suggested to me that a certain elevated status may have been attached to doctors using 'the latest drugs', or at least that doctors may have perceived some reputational benefits to doing so. It is very hard to verify a claim of this nature within the limited scope of this chapter.

¹²² Major problems with shock therapies emerged as early as the 1930s. Death resulting from the administration of the required drugs was one rare but well-established possibility. The long term efficacy of the treatments was another. For reports of these issues in the newspapers, see *Mercury*, 24 February 1937, p. 4; *Examiner*, 14 December 1938, p. 9. For an example of a patient from 1940 that received shock therapy but required multiple re-admissions, see Patient Records Removed from Case Books, AB479/2/1318, TAHO.

¹²³ *Mercury*, 11 December 1954, p. 4.

In more serious cases, or in those that worsened despite their efforts, they would recommend the services of specialists. Generally this would be at New Norfolk, though wealthier patients might be referred to specialists in Melbourne or Sydney. Over half of all suicidal patients at New Norfolk had been receiving advice or treatment from a general practitioner before their admission.¹²⁴ Family doctors could help to persuade individuals and families of the necessity of such a facility, reassure them about the type of care they or their relative would receive, and help to connect them to the hospital's admission processes. In this way, local doctors were not separate from institutions such as New Norfolk, but in fact a critical part of that system.

General practitioners were also at the forefront of treating lower risk patients, such as those who exhibited milder forms of depression or suicide ideation. Unfortunately, locating records of successful treatments in such cases is impossible, and so this study must rely upon inquest records that highlight the types of treatment plans that were suggested by doctors. Though this has the disadvantage of relying on cases where the treatment was tragically ineffective, it should nevertheless highlight the most common types of advice offered by local and family doctors.

One of the most frequently suggested treatments throughout the entire period was that the depressed or suicidal individual take a vacation—something known colloquially as ‘the holiday prescription’.¹²⁵ According to Dr George Gibson, Clavey K. was in 1906 suffering from ‘a certain amount of mental depression’. He

¹²⁴ I believe it is probably safe to assume this number is much higher, as this was not a critical section with respect to treating and managing the patient. It therefore would almost certainly not have been investigated where the information was not readily available.

¹²⁵ Weaver and Wright, 'Suicide, Mental Illness, and Psychiatry in Queensland', p. 102.

advised him to 'go away for a change', and Clavey K. duly proceeded to Victoria. Within two months he had returned to Hobart and had taken his own life. Dr Gibson stated at his inquest that he did 'not think he remained away long enough to receive any benefit'.¹²⁶ In 1940, Vernon D. sought the advice of Dr Harry Butler, who diagnosed him with melancholia and advised him to take two weeks sick leave because 'his work was worrying him'. Vernon D. apparently left his consultation 'with the intention of heading to Melbourne'.¹²⁷ From these and other similar cases we can again see how local practice was connected both to the asylum system and the more general realm of psychiatric thought. If it was believed that suicide could be the product of an unhappy or challenging social circumstance, or at least an individual's reaction to it, it follows that removal from that circumstance could provide the necessary time and environment to enable a recovery.

The other recurring piece of advice, usually offered in cases that doctors believed to be more serious, was for families to withhold any potential means of suicide from the patient and to watch them closely. At the inquest of Robert F. in 1882, his mother stated twice that both she and her two daughters had been strictly watching him on the advice of Dr Benjafield.¹²⁸ Similarly, in 1896, Dr Gibson testified at the inquest of Margaret S. that he had 'cautioned the family as to her state and they have been very careful in looking after her'.¹²⁹ Margaret's husband also gave some indication of her condition and what specifically they had been told to watch for.

¹²⁶ Inquest Files, AGD20/1/14 (no. 9842), TAHO.

¹²⁷ Inquest Files, AGD20/1/74 (no. 145), TAHO.

¹²⁸ Inquest Files, AGD 20/1/4 (no. 6832), TAHO.

¹²⁹ Inquest Files, AGD20/199 (no. 8677), TAHO.

The last six months she has been in a nervous low state, and has complained of severe pains in her head. I have had Doctors Crowther, Wolfagen, and Gibson attending on her. She has also suffered from melancholia. On one occasion my daughter followed her and took a piece of rope from her. We were afraid she would make an attempt on her life and have taken precautions against it. The doctors cautioned me about it... I did not know she had this piece of rope, as I had gathered up all I could. She must have had this piece planted somewhere.¹³⁰

Again the link to asylum practices is clear. Prevention was the priority in higher risk cases, and strict monitoring of both household items and an individual's movements were the major means by which this would be achieved. In the absence of sound knowledge about how suicidal behaviour might be treated medically, prioritising prevention made perfect sense and in theory would allow time for recovery in a safe environment.¹³¹ Professional advice and the nature of treatment both at the local and the asylum level were fundamentally connected to the state of international psychiatry.

The role of families and patients in the provision of care

Families, friends, and associates were intimately connected with the medical care of suicidal individuals. They would encourage their suicidal relations to seek help, or would sometimes force it upon them. They not only participated in the asylum admission process but were central to it. They would often monitor the treatment that institutions such as New Norfolk were providing, and frequently requested the removal of their loved ones from such institutions. In numerous

¹³⁰ *Ibid.* See also Inquest Files, AGD 20/1/16 (no. 62), TAHO.

¹³¹ Merrill Moore, 'Cases of Attempted Suicide in a General Hospital: A Problem in Social and Psychologic Medicine: A Report on a Local Condition, Including a Survey of 1,147 Records of Attempted Suicide Cases Admitted to the Boston City Hospital', *Journal of the American Medical Association*, vol. 111, no. 12 (1938), p. 1131; Ruth E. Fairbank, 'Suicide: Possibilities of Prevention by Early Recognition of Some Danger Signals', *Journal of the American Medical Association*, vol. 93, no. 20 (1932), pp. 1711-1714. The latter (p. 1714), states the 'only possible cure of suicide is prevention'.

instances they acted as primary caregivers. Throughout, the vast majority endured great suffering themselves in their attempts to aid their friend or family member's recovery, which for some never arrived. As inquest documents reveal, occasionally they also tragically misjudged the seriousness of their relative's condition. How they made sense of suicidal behaviour, and what they thought was the best of the available responses, is therefore a central part of this analysis.

The common response of many families trying to assist a suicidal relative was to attempt to care for the individual themselves. As was shown above, they often sought the help of local doctors and instituted practices at home that in many ways mimicked asylum care. Many also sought to ease the discomfort or embarrassment that many no doubt felt when visiting a doctor about their mental health. Thomas Q.'s wife, for example, accompanied him on his journey to see a specialist at Latrobe.¹³² Families and friends also tried to talk through the troubles of their loved ones.¹³³

Sometimes, however, they found they could not manage on their own and sought out the assistance of psychiatric institutions. This was not something that families did either on a whim or through malice, at least as far as I have found.¹³⁴ Not only did the requirement of medical certification in the admission process help to protect against such abuses, but the interviews of family members that

¹³² Inquest Files, AGD 20/1/17 (no. 85), TAHO.

¹³³ See, for example, *Examiner*, 10 April 1909, p. 8.

¹³⁴ A common charge levelled at institutions such as New Norfolk is that women were committed by their husbands for things such as not doing housework. As has been discussed in previous chapters, views of mental illness and suicide, like all aspects of society, were thoroughly influenced by gender and patriarchy. However, from cases in which 'refusal to do housework' were cited by families as a reason for committal it appears that this was more a way for everyday people to relay their understanding of a condition such as depression. See Patient Records – Admission Papers, HSD285/1/2641, TAHO.

New Norfolk's doctors conducted highlight just how much family members endured. For example, Louisa H. and her husband Robert had suffered the tragedy of their son's death, and this presumably played a role in Louisa's psychological troubles. Her husband told the examining doctors at New Norfolk that his wife

becomes very abusive leaves the house night and day and wanders about the hills, has gone to the cemetery and lain down by the side of their son's grave. Has sharpened a knife and put under her pillow at night threatening to kill him and all the family; she has also threatened to poison them. Often threatened to commit suicide.¹³⁵

Robert had to balance Louisa's role in managing their household, the danger that she posed both to herself and the rest of their family, and his inability to provide both an income for their family and to adequately care for Louisa, all the while coming to terms with the death of their son himself. It seems the only way he felt that he could manage was with the help of the hospital at New Norfolk.¹³⁶

Louisa's violent and troubling behaviour had been going on for approximately six months. This was standard—the average length of time between families noticing behavioural changes and instituting admission processes was, very roughly, about twenty-three weeks.¹³⁷ Families not only endured some challenging behaviours, but did so for a considerable period of time prior to

¹³⁵ Patient Records – Admission Papers, HSD285/1/1190, TAHO.

¹³⁶ Louisa was home and well within five weeks.

¹³⁷ This figure is lower than it really should be. About one fifth of all admissions stated that the 'existing attack' had been less than two weeks, but a large number of these involved people who had long-term illnesses and who had previously been held inside an asylum. Thus, it is not necessarily accurate to say that these families waited a shorter period of time before seeking help, and the figure should be used as only the most basic of guides. The average has also been distorted by excluding a patient who had apparently been unwell for thirty years. For examples of rapid, repeat admissions, see Patient Records – Admission Papers, HSD285/1/792, TAHO; Patient Records – Admission Papers, HSD285/1/793, TAHO; Patient Records – Admission Papers, HSD285/1/1083, TAHO; Patient Records – Admission Papers, HSD285/2/422, TAHO; Patient Records – Admission Papers, HSD285/1/1783, TAHO.

initiating asylum admissions. This was a response to a situation for which they, and in many cases their doctor, could find no other solution.

An important change in the way admission documents were compiled is evident by 1940. In all previous decades, medical reports would separately state the behaviours doctors had personally observed and those that had been reported to them by others. By 1940, however, this was no longer the case, and information that was presumably relayed by family members, such as previous suicide attempts, was depersonalised and instead represented as supporting evidence for the doctor's opinion. Interviews with families also enabled staff to obtain information about a patient's illness history, previous treatment, and psychological state, though again the source of this information was not made clear. While it is not the case that families were not consulted, and nor is it the case that they no longer held a formal role in the committal process, it is evident that their contributions were no longer being represented in the admission documents as an equally important part of the diagnostic process. What effect this might have had is difficult to quantify, and the change in the documents could have been inconsequentially stylistic. But given that the mid-twentieth century has been well established as witnessing the growing dominance of professionals in the provision of health care, the changes to the admission documents could also signify a significant shift in the locus of medical decision-making power at New Norfolk.¹³⁸

Familial involvement did not cease after a relative began treatment at New Norfolk. Patients corresponded with relatives, who in many instances also

¹³⁸ Willis, *Medical Dominance*.

visited them during their treatments. Particularly in the latter stages of a patient's recovery, this brought a prospect of a return to normalcy.¹³⁹ For others it had precisely the opposite effect. Georgina B. refused to speak to her husband when he came to visit her, and Charlotte M. invariably became immensely distressed following the visits of her husband, once trying to escape and once attempting suicide.¹⁴⁰ Family visits could be both a positive and a disruptive force.¹⁴¹

More significantly, families could also demand the release of a relative from psychiatric institutions. Though many patients suffered similar fates and were not removed by their families, almost all of those patients who were released to their families became worse following their admission, had spent periods of time in physical restraint, and had attempted suicide at the hospital.¹⁴² Most were women and almost all were discharged to male relatives after showing some slight improvement.¹⁴³

Charlotte M., mentioned above, is an example of this scenario. She found her confinement distressing from the beginning. During her admission she had begged her husband not to leave her, and had thrown her arms around his neck

¹³⁹ Patient Records – Case Books (All Patients), AB365/1/10 (no. 1630), TAHO.

¹⁴⁰ Patient Records – Case Books (All Patients), AB365/1/25 (no. 3890), TAHO; Patient Records – Case Books (All Patients), AB365/1/28 (no. 4817), TAHO.

¹⁴¹ Catherine Coleborne, 'Challenging Institutional Hegemony: Family Visitors to Hospitals for the Insane in Australia and New Zealand, 1880s–1910s', *Clio Medica: Studies in the History of Medicine and Health*, 86, no. 1 (2009), p. 303.

¹⁴² Patient Records – Case Books (All Patients), AB365/1/28 (no. 4740), TAHO; Patient Records – Case Books (All Patients), AB365/1/13 (no. 2311), TAHO; Patient Records – Case Books (All Patients), AB365/1/28 (no. 4817), TAHO; Patient Records – Case Books (All Patients), AB365/1/9 (no. 1654), TAHO.

¹⁴³ An interesting patient in this respect is Martha H., whose daughter-in-law requested her removal in May 1905. The Hospital's Official Visitors denied this request. Her file does not explicitly state why they denied her discharge, but the Medical Officer expresses considerable reticence about her release owing to the risk of suicide he felt Martha H. was exposed to. Ten months later an identical request from her son was approved, though the Medical Officer at that time stated she had shown only 'a slight improvement'. See Patient Records – Case Books (All Patients), AB365/1/13 (no. 2300), TAHO.

and refused to let go. After his first visit she became more upset and attempted to escape. Soon after she was physically restrained. She then attempted suicide and was restrained again and placed under constant observation. His second visit caused yet more distress and she began receiving a 'draught' of sedatives including hyoscyamine and paraldehyde. She then jumped from a window and broke her leg. Doctors reported some improvement and her husband immediately petitioned for her release. He, and families in similar situations, had seemingly, and understandably, lost faith that ongoing hospitalisation was in the best interests of their loved one. Also, it seems quite possible that the use of physical restraint was a key impetus for their actions, whether because they had been reassured that it was an option of last resort, or simply because of the frightening visual imagery of a family member in a straitjacket.

Figure 5.2: A request to release Annie L. from the New Norfolk Hospital

APPLICATION FOR DISCHARGE OF, AND UNDERTAKING
TO TAKE CARE OF, INSANE PERSON.
(22 VICT. No. 23, SECT.22)

I, George Robert I [REDACTED]
hereby request you to deliver over to my custody and care my
wife, ANNIE I [REDACTED] and I hereby undertake that
the said Annie I [REDACTED]
shall be properly taken care of and prevented from doing injury
to her self or others.

Dated this seventh day of January, 1923

Signature [REDACTED]

Postal Address 25 View Street,
Sandy Bay, Hobart.

5/127
To the Official Visitors of
the Mental Diseases Hospital,
New Norfolk.

46531..St. 30 (3)

Source: Patient Records – Admission Papers, HSD285/1/1581, TAHO.

This expression of agency and control sometimes came at a tragic cost. On 29 December 1899, Charles S. was admitted to the New Norfolk Hospital during a period of depression and suicidal behaviour. His wife Hannah visited him several times and he seemed, to her, much better. He also begged her to take him out of the institution and stated he would be much better if she did so.¹⁴⁴ Dr George Read, the hospital's assistant medical officer, stated that, although he believed Charles S. had not improved, he was legally powerless to prevent Hannah from discharging her husband if she provided a written guarantee she would ensure

¹⁴⁴ Inquest Files, AGD 20/1/11 (no. 9103), TAHO.

the safety of her husband.¹⁴⁵ Dr Read testified that the chief medical officer, Dr Macfarlane, strongly advised her against doing so; Hannah S. disputed this claim.¹⁴⁶ Phillip Seager, one of the hospital's Official Visitors, stated the Hospital Board also endeavoured to dissuade her from removing her husband from the hospital, and impressed upon her the responsibility she was undertaking. She nevertheless signed the order in late January 1900. Phillip Seager also stated he went to Hannah on the railway platform, as she and her husband were leaving, to warn her about the seriousness of his condition. His efforts were in vain; Charles cut his throat in the early hours of the following morning.¹⁴⁷

Inquest files are also littered with examples of families, friends and colleagues who failed to recognise signs of personal crisis. John H., whose friend and housemate died from suicide in 1939, told his inquest that 'three weeks ago the deceased intimated that he would commit suicide but I did not take much notice of what he said'.¹⁴⁸ Jacob Y.'s wife deposed that on 'several occasions he had stood on a box in a back room with a rope round his neck, and threatened to hang himself'. However, she did not report the matter to anyone as she 'did not think that he meant it' and 'wanted to keep the matter as quiet as possible'.¹⁴⁹ The centrality of families to the initiation of professional care, the intrinsic complexity of suicidal behaviour, the immense difficulty of assessing an individual's suicide risk, and the presence of social or personal pressures

¹⁴⁵ Staff at New Norfolk testified that unless doctors believed a patient was a danger to others then they could continue to detain an individual against their family's wishes. Charles S., though suicidal, was not considered dangerous under the meaning of this provision. See *Mercury*, 2 February 1900, p. 4. This does not fit with the continued detention of Martha H., mentioned above in n. 138.

¹⁴⁶ Inquest Files, AGD 20/1/11 (no. 9103), TAHO.

¹⁴⁷ *Ibid.*

¹⁴⁸ Inquest Files, AGD20/1/72 (no. 172), TAHO.

¹⁴⁹ *Examiner*, 14 August 1905, p. 6; Findings, Depositions, and Associated Papers Relating to Coroners' Inquests, SC195/1/76 (no. 11854), TAHO.

sometimes combined in such a way that opportunities for intervention were tragically missed.

Patients also sought out help and influenced their own treatment. Many admissions were voluntary and initiated by the patients themselves. In one instance, a patient's wife neither knew nor suspected anything unusual about her husband's mental condition until after he had been admitted.¹⁵⁰ Others might not have known exactly what was happening or whom they could contact, but knew they were unwell. One such individual, Basset F., approached a police officer in the street. He stated that he felt like taking his life, and asked to be placed somewhere where he could be controlled.¹⁵¹ A handful of suicidal individuals evidently felt that professional help was in their best interests.

Patients also had some degree of control over the length of their treatment. Francis S., who had admitted himself to New Norfolk in June 1890 after experiencing 'impulses to do away with himself that he fears he can no longer control', was described by doctors as an 'intelligent young man with a highly nervous expression'. Shortly after his admission he told doctors that he was 'contented now that he knows he will be looked after', though he still expressed feeling quite depressed. By early July he appeared to the doctors to have recovered, and they were quite willing to approve his discharge. However, he told them that he 'thinks he cannot quite trust himself yet and wishes to remain a few weeks longer'. His discharge was approved three weeks later.¹⁵²

¹⁵⁰ Patient Records – Admission Papers, HSD285/1/2799, TAHO.

¹⁵¹ Patient Records – Admission Papers, HSD285/2/84, TAHO.

¹⁵² Patient Records – Admission Papers, HSD285/1/2799, TAHO.

The flexibility demonstrated in this case was probably more common for depressed or suicidal patients than for patients who had displayed symptoms of psychosis, for example.¹⁵³ Francis S. could communicate readily with the doctors and his self-diagnoses were apparently trusted to a significant degree. Pleas to be released from a patient who experienced delusions were consistently ignored.¹⁵⁴ Regardless, Francis S.'s case also highlights the central role of patient interviews. Consultations with hospital doctors would occur on admission, and at regular intervals thereafter. The descriptions patients provided of their mental states and the awareness they were able to express of their conditions were perhaps the most significant determinants of the nature and length of their stay in the hospital. This is not to say, of course, they were not subject to the control of the hospital. It is instead to recognise that patients themselves played a critical role in the treatment that was provided by the hospital at New Norfolk.¹⁵⁵

Conclusion

This chapter has sought to highlight the various influences that shaped the medical treatment of suicidal behaviour in Tasmania. It has sought to show that Tasmania shared the fundamental ideas and basic treatment methods of western psychiatry, which were spread through books, medical journals, congresses, and international visits. The influence of such connections flowed directly into the types of care that suicidal individuals could expect to receive, whether from their

¹⁵³ In his influential essay, Charles Rosenberg discusses the connection between 'disease definition' and 'the structuring of medical care'. Charles E. Rosenberg, 'Framing Disease: Illness, Society, and History,' in Charles E. Rosenberg and Janet Lynne eds., *Framing Disease: Studies in Cultural History*, (New Jersey, 1997), p. vi.

¹⁵⁴ Patient Records – Case Books (All Patients), AB365/1/25 (no. 3870), TAHO.

¹⁵⁵ The emergence of patient subjective experiences as a valid diagnostic tool is discussed in Berrios, 'Melancholia and Depression', pp. 298-304.

general practitioner or at a dedicated psychiatric institution. Nowhere is this more evident than in the fact that shock treatment developed in Austria in the mid-1930s was being administered to suicidal patients at New Norfolk within two years—suggesting also that the scope and strength of these connections increased over time. The adoption of shock treatment also serves as a useful indicator of how improved understandings of psychiatric conditions and an increased availability of treatment options fundamentally altered the nature of the New Norfolk hospital. The overlap that existed between lay and medical views of suicide was no doubt also connected to, and a part of, western social and cultural developments more generally.

Circumstances and priorities at a state level also significantly affected the treatment of suicidal behaviour. Institutions were perpetually underfunded, which placed significant limitations on the ability of the facilities and the staff they employed to provide the levels of care they strived for. Despite such challenges, however, institutional care often proved to be a relatively smooth and effective process. The New Norfolk Hospital successfully helped many dangerously suicidal individuals lead long and fulfilling lives. Local realities, in the form of Tasmania's relatively small and rural population, also combined with its relatively small middle class to inhibit the development of a network of private treatment that existed in other parts of Australia. A number of local factors therefore shaped the treatment options available to suicidal individuals.

Families and individuals also played a crucial role in shaping mental healthcare. The willingness of families and suicidal individuals to reach for professional help highlights that the asylum had obtained a place of legitimacy in the minds of

Tasmanians.¹⁵⁶ It was a source of support to which they could turn when they felt unable to manage either their own behaviour or that of their loved ones. In doing so, families and patients also maintained a significant degree of control over the nature and duration of institutional treatment, a power stemming in many ways from the significant overlap that existed between lay and professional understandings of suicide. The willingness of families to remove their relatives from New Norfolk, even against medical advice, demonstrates that the faith that many families placed in the institution was conditional. The connection between a patient's negative reaction to institutional treatment, the use of physical restraint, and the willingness of families to remove their relatives from New Norfolk is compelling in this respect. This poses significant problems for any analysis in which the asylum exists solely or largely as a means of social control.¹⁵⁷

The exercise of power by family members could also have tragic consequences when they underestimated the seriousness of a relative's condition and overestimated their capacity to control a relative's behaviour. Similarly, while families played an important role in obtaining and initiating treatment, this also meant that sometimes friends and family members did not recognise or fulfil the responsibilities that were attached to such a role. Cries for help went unanswered and threats of self-harm did not register in time. In at least one instance, lingering social stigma applied pressures to family members that physicians did not encounter in the same way.

¹⁵⁶ Finnane, 'Asylums, Families and the State', p. 143.

¹⁵⁷ An excellent overview of this debate can be found in Peter L. Tyor and Jamil S. Zainaldin, 'Asylum and Society: An Approach to Institutional Change', *Journal of Social History*, 13, no. 1 (1979), pp. 23-48.

Global, governmental, and local influences therefore combined to produce a system of health care for suicidal individuals that was in a state of gradual improvement. Much work lay ahead in the 1940s—indeed, it still does—but the optimism that prevailed at that time both at New Norfolk and in the media represents a significant shift from the 1870s. Treatments were not only thought of as possible but were beginning to appear, and the ‘mild and palliative’ care demanded by earlier regulations was relegated to a past era. In turn, this profoundly changed the experience of being suicidal in Tasmania, particularly for those patients who did not respond to traditional approaches that essentially involved prevention and patience. Though these new therapies would eventually prove to be much less effective than first thought, the very fact that contemporaries were so optimistic that a cure was possible demonstrates the thoroughgoing medicalisation of mental ill health and suicidal behaviour that had taken place over the preceding decades.

Chapter 6: Religion

Officially, the major religions of Tasmania were unanimous in their condemnation of suicide. To them it represented a breach of the prohibition of murder, a subversion of God's authority over nature, and a crime against society and its laws. As Pat Jalland has shown, suicide also problematised Christian conceptions of 'the good death'.¹ However, it would be a mistake to assume that these ideas determined the way most Tasmanians thought about suicide, let alone formed the basis for their practical responses. Following an analysis of key religious views and philosophical developments, the chapter explores records of sermons, newspapers, debates, funerals, suicide notes, inquests, and cemetery burials. It argues that not only were religious influences modified by competing viewpoints and local loyalties, but that the very nature of the debate gradually shifted away from the binary of sinful/understandable towards a conceptualisation of suicide as a social problem with social remedies. In doing so, the chapter argues that Tasmanian religious practices were a site for the convergence of a variety of local and international influences, which over time contributed to a broader realignment of social thought about suicide in Tasmania.

Religious views

Between 1868 and 1943, Tasmania was overwhelmingly a Christian population. According to census data, a little over half of Tasmanians were reported as being followers of the Church of England in 1871, a figure which fell below forty-five

¹ Pat Jalland, *Australian Ways of Death: A Social and Cultural History 1840-1914* (Melbourne, 2002), pp. 274-8.

per cent by, and mostly towards, the end of the period.² Historian Ken Inglis has shown how the decline in religious practice among the English working classes coincided with growing urbanisation and a migration of people to cities and towns, when large sections of the population lost their ties to the habits and customs that existed in smaller towns.³ Inglis also points to a growing gulf between the politics of the Church of England and working people.⁴

Though finding a definitive explanation for declining Anglicanism among the Tasmanian population is beyond the scope of this study, it is certainly plausible that a similar situation to that which occurred in Britain played out during the first half of the twentieth century in Tasmania. The 1930s and the 1940s were by far the most significant decades for urbanisation to that point in the state's history.⁵ It was also during this time that Anglicanism began to experience its significant decline, and in which the 1934 election heralded thirty-five years of unbroken rule by the Labor Party. If Inglis's thesis is correct for Victorian England, it seems likely to be applicable to Tasmania as well.

The significant decline in the number of Tasmanians born in Britain is also relevant.⁶ In 1870 almost forty per cent of the Tasmanian population had been born in Britain; by the time of the 1947 census the number was less than three per cent.⁷ The severing of religious ties and habits caused by migration to cities

² Richard Ely, 'Religion,' in Alison Alexander ed., *The Companion to Tasmanian History*, (Hobart, 2005), pp. 475-6; Roger C. Thompson, *Religion in Australia: A History*, 2nd ed. (South Melbourne, 2002), p. 159.

³ K. S. Inglis, *Churches and the Working Classes in Victorian England* (London, 1963), pp. 1-61.

⁴ *Ibid.*, esp. pp. 60-1.

⁵ Graeme Davison, 'Urbanisation' in Alison Alexander ed., *The Companion to Tasmanian History*, pp. 491-6.

⁶ *Ibid.* pp. 491-6.

⁷ Calculated from Australian Bureau of Statistics, *Australian Historical Population Statistics*, tables 71 and 76. Available at <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3105.0.65.0012006?OpenDocument>.

and towns described by Inglis would also have been more pronounced as a result of migration to Australia, and perhaps even more so to its southernmost state. It is also possible that the more established Australia's distinct national identity became, the less instinctively the population would have seen themselves as followers of an English church.

Around one-fifth of the population were recorded as Catholics at the beginning of the period under examination here.⁸ This ratio fell slightly by the time of the 1891 census, but thereafter remained mostly steady through to 1940.⁹ Numbers were therefore roughly proportionate to those across Australia as a whole.¹⁰ If Inglis's thesis is correct regarding the role of politics in the decline of Anglicanism, Catholicism's ties to the labour movement and the Australian Labor Party in particular could account for Catholicism's apparent immunity to the gradual decline in followers and church attendees experienced by other Christian religions.¹¹ Indeed, historian Roger Thompson argues convincingly that Tasmanian Catholics were more ideologically enmeshed in the Labor Party than was the case in other states, noting that Catholics in the Tasmanian Labor Party were comfortable about calling themselves 'socialists'.¹² Analysis of Tasmanian Catholic newspapers such as the *Monitor* bears this out: they regularly discussed socialism, developments within the Labor Party, and left-wing political programs more generally.¹³ The relative emphasis by the Catholic Church on communal worship and ceremonies and their development of a separate school system may

⁸ Ely, 'Religion', pp. 475-6.

⁹ *Ibid.*

¹⁰ Thompson, *Religion in Australia*, pp. 159-61.

¹¹ *Ibid.*, pp. 49-51, 159.

¹² *Ibid.*, pp. 64-5.

¹³ See, for example, *Monitor*, 6 April 1906, all pages.

also have helped to maintain their connection to their followers.¹⁴ Catholic churches were also much less enamoured with the temperance cause than their Protestant counterparts, a fact noted by working-class opponents of anti-alcohol measures such as six o'clock closing.¹⁵

It is not the case, however, that the Anglican Church was always or universally hostile to Tasmania's fledgling labour movement. For a decade at the beginning of the twentieth century, Tasmania's Anglican community was led by Bishop John Edward Mercer, who came to Tasmania after serving in some of the poorest areas of England. He created significant disquiet among the upper classes through the sympathy he expressed for workers' rights, his speaking appearances at labour gatherings, and the fact that occasionally he 'lectured the affluent on their false assumption that the social problem could be relieved by a few charity puddings for the poor'.¹⁶

Bishop Mercer was no radical, however. His focus on social reform was guided by a desire to prevent the emerging labour movement from turning to atheism, and he generally emphasised moral rather than economic imperatives.¹⁷ At one point he suggested 'workers would prefer to serve a master from a higher station than one who has risen from their own ranks', and his famous and supposedly radical speeches were described by a correspondent to the *Clipper* as 'a wild and

¹⁴ Paul Bourke, 'Some Recent Essays in Australian Intellectual History', *Historical Studies*, 13, no. 49 (1967), p. 98.

¹⁵ See Harry Levine, 'Temperance Cultures: Alcohol as a Problem in Nordic and English-Speaking Cultures', in Malcom Lader, Griffith Edwards, and D. Colin Drummon eds., *The Nature of Alcohol and Drug-Related Problems* (New York, 1993), pp. 20-27; Henry Yeomans, 'Explaining Britain's Alcohol 'Problem': Temperance Ideas and Ascetic Protestantism', in Adrian Barton (ed.), *Proceedings of the Plymouth Postgraduate Symposium 2008* (Plymouth, 2008), p. 252-63; Joseph Gusfield, 'Social Structure and Moral Reform: A Study of the Woman's Christian Temperance Union', *American Journal of Sociology*, 61 (1955), pp. 221-232.

¹⁶ Richard P. Davis, *Bishop John Edward Mercer: A Christian Socialist in Tasmania* (Hobart, 1982), p. 7.

¹⁷ *Ibid.*, pp. 1-5.

whirling fizz-up full of sound and effervescence signifying nothing but benevolent flatulence'.¹⁸ Bishop Mercer did not establish any lasting or noteworthy social programs to materially assist the poor during his time in Tasmania. Notwithstanding Richard Davis's conclusion that the Bishop's rhetorical support 'could not but have been a keen incentive to the worker effort', his alternative assessment that Bishop Mercer 'may have reflected that bourgeois abuse was well-calculated to rivet his moderate and even conservative message on the workers' seems equally plausible.¹⁹

In the 1860s, Methodists, Presbyterians, Baptists and Congregationalists constituted just below twenty-five per cent of the population combined.²⁰ Though the percentage of non-Conformists fell to around twenty per cent by the 1940s, equally significant was the shift in the share held by each of the four Protestant denominations. The Methodist church almost doubled its support between 1861 and 1891, from seven to twelve per cent of the total population, and reached a peak of thirteen per cent in the 1911 census.²¹ Methodist gain occurred largely at the expense of the Presbyterian Church, which fell from ten to seven per cent of the population between 1861 and 1891, though the share of Congregationalists also fell from four to three per cent over the same period.²² Both continued to decline through to the 1940s and beyond.²³

Part of the explanation for these trends rests in demographic shifts and the political responses of the various denominations. Historian Robert Withycombe

¹⁸ *Ibid.*, pp. 5, 11.

¹⁹ *Ibid.*, pp. 8, 22.

²⁰ Ely, 'Religion', pp. 475-6.

²¹ *Ibid.*

²² *Ibid.*

²³ *Ibid.*

has argued that Methodism across Australia 'was an evangelistic response to a novel class-segregated city community, and to the transformations which mass-production manufacturing brought to community relations and the urban landscape'.²⁴ Like the Catholics of later years, Methodists were willing to embrace the ideology and label of 'Christian socialism', and in Melbourne supported policies and campaigns more commonly associated with early labour politics, such as the anti-sweating movement, the push for state regulation of wages, and opposition to Chinese immigration.²⁵ The other Protestant churches, by contrast, were more closely associated with non-Labor and occasionally anti-Catholic politics.²⁶ It certainly seems plausible that Tasmanians would gradually stop attending churches that failed to respond to the needs of their congregations, or worse, that pushed a political message perceived to run directly counter to their interests.

Historian Hilary Carey has demonstrated that declining religiosity in Australia was more pronounced among males, who between 1901 and 1933 were between five and six per cent less likely than females to state a preference for Anglicanism or other Protestant churches.²⁷ While this could be further evidence of the role of labour politics in the increasing working class rejection of religion, it is more important for the purposes of this thesis to note that coronerships, coronial juries and police forces were staffed almost exclusively by men through to 1943. From the turn of the century, the decision-makers at the key points of

²⁴ Robert Withycombe, 'The Politics of Caring for the Poor: Anglican Responses in 1890s Tasmania', *Journal of Religious History*, 31, no. 3 (2007), p. 270.

²⁵ *Ibid.*, p. 271.

²⁶ Inglis, *Churches and the Working Classes*, p. 118; Thompson, *Religion in Australia*, p. 159.

²⁷ Hilary Carey, *Believing in Australia: A Cultural History of Religions* (Sydney, 1996), p. 113.

interaction between the State and the suicidal were therefore less likely than the population as a whole to be devoutly religious.

Despite the number of adherents declining as a percentage of the total population, Christianity as a whole nevertheless dominated the religious life of Tasmania through to the end of the period discussed in this thesis. The viewpoints advanced by the Christian churches, and particularly the Anglican and other British Protestant churches, were therefore potentially well placed to exercise a key, if slowly waning, influence on Tasmanian attitudes to suicide.

Opposition to suicide was indeed a feature of Christianity from at least the fifth century, when St Augustine argued for suicidal deaths to be considered contrary to the Ten Commandments instruction, 'Thou shalt not kill'.²⁸ In the thirteenth century, the influential Catholic theologian St Thomas Aquinas extended the formulation to declare suicide a violation of God's sole authority over life and death, a crime against one's neighbours by robbing society of one of its members, and a sin against the self by denying the possibility of repentance and thus passage to heaven.²⁹ Of critical importance to these arguments—and the many similar incarnations that continued to be produced into the twentieth century—was the construction of suicide as individually sinful.³⁰ In the absence of evidence of insanity or other forms of mental impairment, the act was evidence of 'vileness of soul' and required fierce condemnation.³¹

²⁸ Robin Gearing and Dana Lizardi, 'Religion and Suicide', *Journal of Religious and Health*, 48, no. 1 (2009), pp. 334-5.

²⁹ *Ibid.* Pat Jalland has also argued that 'the inability of the medical profession to cure disease reinforced belief in death as the will of God'. See Jalland, *Australian Ways of Death*, p. 88.

³⁰ For examples of such arguments, see George Minois, *History of Suicide: Voluntary Death in Western Culture*, trans. Lydia G. Cochrane (Baltimore, 1999), pp. 210-7.

³¹ *Ibid.*, p. 213.

As Michael MacDonald has shown, the association of suicide with sin resonated particularly loudly in the sixteenth and seventeenth centuries when belief in active diabolic intervention was a central tenet both of popular understandings of the world and the teachings of the English clergy.³² Such explanations for suicide were also reflected in the punishments that were posthumously inflicted upon suicide victims, and which were designed to prevent malignant spirits or corrupted souls from infecting the living. This included public rituals such as burial at a crossroads and the insertion of a stake through the corpse.³³ The denial of traditional Christian death rites also acted as an ongoing reminder of the Church's position, while the confiscation of the property of those adjudged *felo de se* demonstrated the state's endorsement of this view.³⁴ Opposition to suicide thus came from both above and below.

Christian conceptions of 'the good death' also shaped attitudes and responses to suicide. As Pat Jalland has demonstrated, this culture was an important force in shaping how society understood and attributed meaning to death and dying. Up to at least the 1870s, in Australia the 'good death required piety and lifelong preparation, as well as fortitude in the face of physical suffering'.³⁵ Furthermore, ideal-type deaths occurred in the home surrounded by friends and relatives, 'with the dying person making explicit farewells to family members'.³⁶ Fortitude during suffering, community solidarity in death, as well as the centrality of

³² MacDonald, 'The Secularization of Suicide', pp. 53-5.

³³ *Ibid.*, p. 54.

³⁴ *Ibid.*, pp. 53-5.

³⁵ Jalland, *Australian Ways of Death*, p. 52.

³⁶ *Ibid.* It has often been assumed that the cultural practice of leaving suicide notes emerged following increases in public literacy. While no doubt true, Jalland's identification of this aspect of 'the good death' may also help historians to understand the emergence the phenomenon. See also David Nash, 'Look in Her Face and Lose Thy Dread of Dying': The Ideological Importance of Death to the Secularist Community in Nineteenth-Century Britain', *Journal of Religious History*, 19, no. 2 (1995), pp. 158-80.

individual virtue and religious devotion all ran directly counter to the construction of suicide articulated by St Thomas Aquinas more than 600 years earlier. Attitudes to death reinforced Christian hostility to suicide.

Against this background, the late-nineteenth and early-twentieth centuries heralded significant attitudinal shifts with respect to religion and suicide, as well as significant breaks with the influence of British practices. Devout religiosity never featured in Australia to the same extent it did in Britain, something historians have attributed to colonial Australia's strong working-class immigrant origins, the religious diversity of its convict and settler population, and the rapid production of a secular public sphere.³⁷ Across Australia, religion from the 1860s 'became at best a thing of the spirit, of the private man born into his denomination, and not of the common weal'.³⁸ A number of religious historians have endorsed this sentiment, suggesting figures showing declining levels of religious affiliation among the Tasmanian and Australian populations only tell part of the story. They argue census figures include a large number of religious 'nominalists' who did not regularly attend church or engage in other practices such as studying the Bible, and point to declining attendance at Sunday schools and other religious social activities.³⁹ Across Australia, the Catholic Church was again the only religious group to avoid this trend, seeing Sunday Mass

³⁷ Geoffrey Serle, *From Deserts the Prophets Come: The Creative Spirit in Australia 1788-1972* (Melbourne, 2013), pp. 19-22; Bourke, 'Some Recent Essays in Australian Intellectual History', pp. 97-99; Jalland, *Australian Ways of Death*, pp. 4-5; Ian Breward, *Australia: "The Most Godless Place Under Heaven"?* (Melbourne, 1988), p. 97.

³⁸ Bourke, 'Some Recent Essays in Australian Intellectual History', p. 98.

³⁹ Thompson, *Religion in Australia*, pp. 86-7; Ely, 'Religion', pp. 472-7. See also Peter Bentley, Tricia Blombery, and Philip J. Hughes, *Faith without the Church?: Nominalism in Australian Christianity* (Fitzroy Falls, 1992). Reverend John McGarvie is quoted in George Nadel, *Australia's Colonial Culture: Ideas, Men and Institutions in Mid-Nineteenth Century Eastern Australia* (Melbourne, 1957), as saying 'Times are widely different from the last Century. Then the church and pulpit were the vehicles of knowledge, now it is the daily Press. Men are less evangelic for Religion. They hear a Sermon, but read Six newspapers weekly, the Bible never. The voice of the people was echoed by the Minister, now the Editor is the organ of politics and liberty'.

attendance rates among their followers actually rise from around thirty per cent in 1900 to over sixty per cent by the 1950s.⁴⁰ Enrolments in Catholic schools increased over the same period, even when population growth is taken into account.⁴¹ Catholics were becoming more engaged with their church, while Anglicans and Protestants were doing the opposite.

This is not to say the Anglican and other Protestant churches lacked the ability to influence the beliefs of the community—far from it—but simply to note it would be a mistake to assume that citizens of Tasmania reflexively adopted the position of their preferred church, or instinctively turned in that direction for moral or epistemic guidance. Catholics may have been somewhat more likely to follow the advice of their church leaders, or if not were at least more regularly in a position to receive it.

Advances in medical understandings in the second half of the nineteenth century also contributed to a declining role for religion in shaping the meaning of death. From this time, identifiable and potentially treatable diseases, rather than divine will, came to be seen as the central determinant in an individual's death.⁴² Similarly, improvements in average life expectancy, largely the result of higher living standards and medical innovations, meant that by the early twentieth century Australians for the first time became more likely to die in old age than in infancy.⁴³ Death was becoming more orderly, more predictable, and less mysterious. In turn, this undermined one of the key religious arguments against suicide, namely that voluntarily to choose death was to assume an authority that

⁴⁰ Hugh Jackson, *Australians and the Christian God: An Historical Study* (Preston, 2013).

⁴¹ *Ibid.*

⁴² Jalland, *Australian Ways of Death*, pp. 4-5.

⁴³ *Ibid.*, p. 3.

only belonged to God. If doctors were able to subvert the natural course of events through medicine, then it became more difficult to insist the natural order of things must be maintained at any cost, or indeed that such a thing as the natural order even existed.

All of these factors led to a fundamental shift in Australian understandings of death. Pat Jalland argues that by the beginning of the First World War 'the definition of good and bad deaths was practically reversed' as society transitioned 'from a pious concern with the spiritual state of the sufferer's soul to an increased anxiety to reduce the physical suffering of dying people'.⁴⁴ The experience of the First World War then 'shattered' the remnants of traditional Christian cultures of death and dying.⁴⁵ As will be shown in later sections, this had significant ramifications both for arguments in favour of a more lenient approach to suicide and for social attitudes to suicide more generally.

Philosophy and other secular approaches

The first sustained intellectual assault on traditional approaches to suicide came during the Enlightenment.⁴⁶ The topic was an ideal target for the *philosophes*, who could portray contemporary practices as emblematic of the worst excesses of religious fanaticism, illiberalism, cruelty, irrationality, and injustice.⁴⁷ Voltaire ridiculed the corporal punishments inflicted on suicide victims by noting they 'care little, when they are good and dead, whether the law in England orders they

⁴⁴ *Ibid.*, p. 89.

⁴⁵ *Ibid.*, p. 5.

⁴⁶ For a good general summary of Enlightenment approaches to suicide, see Lester G. Crocker, 'The Discussion of Suicide in the Eighteenth Century', *Journal of the History of Ideas*, 13, no. 1 (1952), pp. 47-72.

⁴⁷ Minois, *History of Suicide: Voluntary Death in Western Culture*, pp. 210-47.

be dragged in the streets [and buried] with a stave driven through their bodies'.⁴⁸ He derided the practice of confiscating the property of an individual found to have been sane at the time of their suicide by asking rhetorically whether it seemed 'cruel and unjust to despoil a child of his father's estate just because he is an orphan?'⁴⁹

French historian George Minois has argued that such trademark flourishes obscure the extent to which eighteenth century critics were 'far from being apologists for suicide' and whose positions 'fluctuated widely'.⁵⁰ While it is certainly true that the *philosophes* neither actively advocated suicide nor chose it for themselves, their writings taken together certainly challenged the *status quo* in several key respects.

As seen in the quotes from Voltaire above, one way in which they did so was to decry the barbarism and iniquity of the punishments attached to suicidal deaths. These arguments sidestepped the issue of the morality of suicide and instead questioned whether such laws served any useful function in preventing suicide, were just in their consequences, or were even befitting of a modern society. Challenging the legal, religious and popular rituals that expressed society's opposition to suicidal deaths was a first step towards challenging that opposition itself.

As Michael MacDonald has shown, such arguments did not originate with the *philosophes*. From the late-1600s, coronial juries in England increasingly refused to return *felo de se* verdicts in cases of suicide, instead finding that the deceased

⁴⁸ *Ibid.*, pp. 235-6.

⁴⁹ *Ibid.*, p. 236.

⁵⁰ *Ibid.*, p. 220.

had been *non compos mentis* at the time of their death and therefore not subject to post-mortem sanctions.⁵¹ Additionally, and more conclusively in terms of demonstrating jury opposition specifically to legal penalties, where such a verdict was not given many juries would instead significantly undervalue the deceased's estate, thereby limiting the financial impact the death would have on the surviving family.⁵² The culture that informed Voltaire's humanism had thus been reflected in public reactions to suicide for many years. Which came first matters little for the purposes of this study: both the popular and intellectual classes were moving in the same direction, and each helped to shape the intellectual heritage of Tasmanian approaches to suicide.

For a number of writers, opposition to suicide was another example of political and ecclesiastical illiberalism, and needed to be confronted on that basis. Such arguments simply rejected the significance of religious claims that suicide was inherently immoral. Montesquieu, in one of several writings on the subject, asked why, 'if I am laden with sorrow, misery, and contempt... should anyone want to prevent me from putting an end to my cares and cruelly deprive me of a remedy which lies in my hands?'⁵³ Augustine and Aquinas, in other words, were wholly mistaken to equate suicide with murder, as control over one's death was a decision that belonged firmly to the individual.

Montesquieu also turned his pen against the notion that suicide harmed society as a whole. Social organisation, he wrote, 'is founded on mutual advantage, and if I no longer gain any advantage from that contract, I am free to withdraw. Life has

⁵¹ MacDonald, 'The Secularization of Suicide', pp. 60-3. See also MacDonald and Murphy, *Sleepless Souls*.

⁵² MacDonald, 'The Secularization of Suicide', pp. 59-63.

⁵³ Minois, *History of Suicide: Voluntary Death in Western Culture*, p. 228.

been given me as a good; if I no longer feel that it is good, I can give it back'.⁵⁴ The Enlightenment liberalism is impossible to miss: these were all arguments that suicide was a choice individuals should be free to make without the superstitious oppression of church or state. While they did not share popular support in the same way that critiques of punishments did, such arguments provided an influential and direct rejection of the religious construction of suicide as individually sinful.

Eighteenth century European writers were also some of the first to challenge conceptions of what constituted a Christian death. A number, including Voltaire and Sylvain Maréchal, took issue with what they saw as the Catholic Church's unnecessary instillation of fear about death, judgement, and hell.⁵⁵ Holbach, who wrote prolifically about suicide, suggested that his readers substitute 'the image of death – a terrifying and inaccurate vision – with the idea of death – an intellectual notion'.⁵⁶ Others took aim at religious views that extolled the spiritual virtue of suffering, instead adopting the precisely opposite position that permitting (or at least not penalising) the reduction of suffering through suicide was the morally correct course for society to take.⁵⁷ Enlightenment authors were challenging not only specific arguments against suicide but also the connected cultural practices.

All of these debates, however, were conducted along the lines set out by religious opposition to suicide: they were refutations of existing premises. Of more critical importance in shaping the way in which Tasmania society came to view suicide

⁵⁴ *Ibid.*

⁵⁵ *Ibid.*, p. 222. This was also a charge levelled by religions against other religions, who claimed that too strong a focus could instead produce rather than prevent suicide and madness.

⁵⁶ *Ibid.*

⁵⁷ *Ibid.*, pp. 222-3.

were the eighteenth century works which sought to reformulate the problem of suicide from being one of either a sin or a permissible act to one in which suicide was seen as a social and medical problem. As Chapter Three demonstrated, coronial juries in Tasmania invariably viewed suicide through this latter lens. They located the causes of suicide not in the sinfulness of the individual but in the psychological difficulties that arose from unemployment, relationship breakdowns, illness, alcohol abuse, and mental ill health. This way of thinking was neither unique to Tasmania nor a historical accident. Instead, it reflected the legacy of Western intellectual developments that at least partly originated in the salons, newspapers, and publishing houses of late-eighteenth century Europe.

Enlightenment-era authors made a variety of arguments to support the notion that suicide should be connected to psychological, physiological, and environmental factors. Some adopted the uncomplicated position that suicide was always due to insanity.⁵⁸ Others strove to offer more specific accounts, arguing for a connection between suicide and circumstances that led to heightened emotional states.⁵⁹ Overstudy, extravagant religious teachings, the theatre, anger, sadness, fear, sorrow, as well as anything that potentially unbalanced the circulation of the 'blood and humours', were all considered possible catalysts.⁶⁰ Environmental influences, such as climate, humidity, and the cycles of the moon were theories that also circulated during the period.⁶¹ Most importantly, however, these views complicated the traditional black-or-white distinction between culpable and insane suicide by injecting an expansive grey

⁵⁸ *Ibid.*, p. 246.

⁵⁹ For a discussion of how these viewpoints fed into later medical views, see Charlotte Wright, 'The English Canon Law Relating to Suicide Victims', *Ecclesiastical Law Journal*, 19, no. 1 (2017), p. 197.

⁶⁰ Minois, *History of Suicide: Voluntary Death in Western Culture*, pp. 241-3.

⁶¹ *Ibid.*

area that housed all sorts of psychological and physiological stressors. By adding nuance to aetiological explanations, the *philosophes* also complicated moral attitudes that relied upon clear definitions of 'insanity'.

This intellectual shift was solidified, around a century later, by the development of sociological approaches for understanding the causes and frequency of suicide. First Durkheim, and later Halbwachs, not only proposed systems which emphasised factors such as social isolation and urbanisation, but also employed concepts such as the 'suicidogenic current' which argued that some level of voluntary death was an inevitable component of any human society.⁶² Such approaches, which left very little room for individual sin, had implications for moral understandings as profound as those produced by the growing acceptance of psychological explanations. Traditional interpretations of responsibility, criminality, punishment, and prevention were all brought into question.

Debate in Tasmania

Debate in Tasmanian newspapers owed much to this European intellectual heritage. At the beginning of the period, traditional viewpoints received sporadic attention. Generally contained within the letters to the editor sections, correspondents repeated the familiar arguments: suicide was 'an Act which involves the most daring defiance of the will and purpose of the Divine author of life'; it was 'the greatest outrage on the first law of our nature - self-preservation'; and it threatened the 'well-being and well doing of a community'.⁶³ However, liberal viewpoints significantly outnumbered the traditionalists. As

⁶² Emile Durkheim, *Suicide: A Study in Sociology*, George Simpson ed., John Spaulding and George Simpson trans. (London, 1952).

⁶³ *Mercury*, 17 March 1873, p. 2; *Mercury*, 29 January 1869, p. 3.

shown in Chapter Four, these correspondents also followed—often consciously—many of the arguments of their Enlightenment predecessors. Punishments for suicidal deaths were absurd, barbaric, and cruel in the way they harmed the surviving family; criminalising suicide was little better, as again the punishment of ‘being branded in infamy’ was borne by the family; and pronouncing suicide a felony was incompatible with the view that suicide was almost always the product of mental ill health.⁶⁴

Religious opposition increasingly influenced by secular viewpoints. One particularly important development, beginning in Tasmania at least in the late 1850s, was the acceptance of the idea that various circumstances could affect an individual’s thought processes and behaviour in a way that blurred the distinction between ‘sane’ and ‘insane’. The *Hobart Town Daily Mercury*, in an article that elsewhere described suicide as ‘an act against which the Almighty has set his canons’, reflected that ‘it is always so difficult for observers to determine how far the mind and will are really left free and clear under the pressure of an absorbing physical infirmity’.⁶⁵ Of course, once physical ailments were accepted as potentially leading to psychological breakdown, it was hard to deny a place to emotional troubles or other forms of distress. Whereas the terms of earlier European debates had been shaped by religious proscriptions, social and psychological causes of suicide were important considerations in Tasmania from the beginning of the period under examination here.

The sociological shift was not just limited to secular protagonists or the general public, however. It fundamentally changed the way in which conservative and

⁶⁴ See, for example, *Cornwall Chronicle*, 20 December 1876, p. 3. Similar arguments are offered in published form in Henry Keylock Rusden, *Essay on Suicide* (Melbourne, 1875).

⁶⁵ *Hobart Town Daily Mercury*, 10 November 1858, pp. 2-3.

religious writers represented the problem of suicide. Instead of constructing suicide as sinful, they portrayed such deaths as the consequence of other behaviours that the churches took an active interest in trying to prevent. In 1891, the *Colonist* argued that a supposed increase in the frequency of suicide was due to the social decay caused by declining piety.⁶⁶ A religious column in the *Daily Telegraph* in 1902 printed figures that purported to show alcohol was responsible for almost half of all suicides.⁶⁷ In 1905, a pastoral letter from the Archbishops and Bishops to the Church of England in the Commonwealth was read in Tasmania's churches, and republished in the newspapers. It charged that gambling 'frequently drove [people] to crime and suicide'.⁶⁸ The logical consequence of this new approach—which by the turn of the twentieth century had totally eclipsed traditional formulations—was that criminalising suicide was fruitless if preventing suicide was the goal. Indeed, changing understandings in the religious community of the nature of and reasons behind suicidal deaths is one reason why decriminalisation occurred in 1913 with virtually no opposition.⁶⁹

Religious sermons displayed a similar trend. An Anglican address by the Bishop of London reprinted in the *Daily Telegraph* drew upon the supposed frequency of suicide prior to the demise of the Roman Empire to decry what it saw as Tasmania's waning religiosity:

It was an age of moral collapse. The old stern morality which had made Rome was breaking up like rotten ice. And we hear of the enormous adultery of the time. Marriage became a mere temporary convenience which lasted for a time and then was laid aside.

⁶⁶ *Colonist*, 10 January 1891, p. 3.

⁶⁷ *Daily Telegraph*, 12 April 1902, p. 7.

⁶⁸ *North Western Advocate and the Emu Bay Times*, 28 November 1905, p. 4.

⁶⁹ See Chapter 2.

It was an age of social unrest... As always, with the decay of faith came in the prevalence of suicide.⁷⁰

Similarly, the Tasmanian Ladies' Christian Association, in one of their weekly sermons, heard how alcohol in any quantity is dangerous and harmful:

Fathers and mothers, your sins will track you down, and find you out in the children of your bosom and of your love... I know in an American city perhaps one of the most respectable rum-sellers in the country. I think every one of his sons committed suicide under the influence of strong drink.⁷¹

Suicide was no longer 'the worst of all crimes'.⁷² It was instead a tragic outcome that could befall those who opened themselves to the temptations of sinful behaviour.

Religious newspapers

Most religious newspapers from the period read like annual reports or organisational newsletters. As in Table 6.1 below, generally they published information specifically relating to their denomination, such as reports about the events, projects, finances and activities of their particular church, as well as the movement and deaths of key personnel. Religious newspapers occasionally reprinted sermons on various topics or made recommendations to readers about particular pieces of scripture were worthy of close study.⁷³

Table 6.1: Subjects of articles in *Church News*, 1 August 1900

Local temperance meeting
Federation
Death of the Archdeacon of Launceston

⁷⁰ *Daily Telegraph*, 26 July 1907, p. 3.

⁷¹ *Mercury*, 15 July 1905, p. 9.

⁷² *Launceston Examiner*, 22 October 1898, p. 3.

⁷³ See, for example, *Church News*, 1 August 1900, pp. 118-132.

The Church's erection of flags for Peace Day
 Missions in China
 Representation of dioceses in the General Synod
 Church finances
 Short note explaining there was no room for an article on workers' housing due to an 'excess of matter'
 English Church news
 Church Congress
 Various parishioner appointments
 Jubilee of the Australian Board of Missions
 The Diocese's educational programs
 History of parishes in northern Tasmania
 Further Church history
 Letter from a mission in New Guinea
 Jubilee of the Australian Board of Missions (second article)
 Christian book recommendations
 Death of a notable English churchman
 Preview of the coming General Synod
 Jubilee of the Australian Board of Missions (third article)
 Local Church activities and names of donors
 Minutes of Diocesan Council
 Details of Church services in rural areas
 Internal Church procedures
 Letters to the editor: General Church Fund, the role of laity, New Guinea mission, scripture dispute

As the table also shows, religious newspapers did not usually report on general news in the same way secular newspapers did. The one article in the table above about Federation was only one paragraph long, while the apology for not publishing an article about workers' housing due to a lack of space must be considered in light of the fact they published three articles about the Jubilee of the Australian Board of Missions. These were explicitly and almost exclusively church publications.

The monthly publication schedule of most religious newspapers no doubt made publishing current affairs more difficult. Yet it is relatively easy to find slights about ‘the daily press’, which implied titles such as the *Mercury*, *Examiner* and *Advocate* were uncouth and obsessed with crime, violence and sensation. This is further evidence most religious newspapers intended to serve a very different purpose to secular publications.⁷⁴

Given most coverage of suicide in the secular press related to reports of deaths, attempts and inquests, the result of this was that discussion of suicide was very limited in Tasmania’s religious newspapers. An examination of the *Catholic Standard*, *Church News*, the *Tasmanian Presbyterian*, the *Monitor* and the *Tasmanian Methodist* reveals only one article—in favour of the depenalisation of suicide—was published during the various years in which Parliament attempted to reform the laws governing suicide.⁷⁵ Randomly selected years across each decade of this study were also examined for reports about specific instances of suicide. Only the case of Olive C.—the highest profile case of suicide during the period—was mentioned, and only once in one newspaper, the *Monitor*.⁷⁶

That the article appeared in the *Monitor* is unsurprising given the paper differed in key respects from the other titles mentioned above. The *Monitor* was a Catholic newspaper with a (generally) weekly publication schedule, meaning it was better placed to relay current affairs than monthly publications. The paper included a ‘Political Notes’ section that focussed heavily on the concerns of

⁷⁴ See, for example, *Church News*, 3 January 1873, p. 391.

⁷⁵ *Church News*, October 1872, p. 529.

⁷⁶ *Monitor*, 28 March 1906, p. 5.

Catholic socialists and left wing politics more broadly.⁷⁷ In the article noted in the table below about the Labour Party, the *Monitor* cheered the success of Labour candidates because they were ‘pledged to the *Monitor’s* policy, which is also a leading part of the Labour policy’.⁷⁸

Table 6.2: Subjects of articles in the *Monitor*, 6 April 1906

Church and religion in France
 Biblical interpretations
 Imperial Parliament and Spanish royalty
 Critique of column in *Hobart Critic*
 Recent events at the Mechanics’ Institute
 Information about alterations to train services over Easter
 New businesses in Launceston (a jeweller and a baker)
 School performance in Beaconsfield
 Church and State in France
 Election results (two pages)
 The Labour Party⁷⁹
 Labour’s opportunity
 The Catholic duty to help the poor
 Poetry
 More election coverage and reports of ‘election malpractices’
 New Police Commissioner
 Drainage Board
 Tourist Association
 Department of Public Works notice
 ‘Crystals’ section with covering wide variety of topics and news items in brief
 Irish news
 Global Catholic news
 Recent speech from a Cardinal

⁷⁷ See, for example, *Monitor*, 9 March 1906, p. 10; *Monitor*, 2 March 1906, p. 5; *Monitor*, 13 February 1906, p. 9.

⁷⁸ *Monitor*, 6 April 1906, p. 7.

⁷⁹ The Labor Party was spelled with a ‘u’ until 1912.

As Table 6.2 shows, the *Monitor* was much more like Tasmania's secular press than religious newspapers such as *Church News*, with the exception that it generally also did not write stories about crime or violence.

As will be remembered from Chapter Four, Olive C.'s suicide had sparked public outrage about the cruelty of sweating and the prevalence of unjust work conditions. The nature of the *Monitor* combined with the connection between Catholicism and the Tasmanian labour movement to imbue the case with a particular salience to the paper and its readers:

The death by suicide of Olive [C.], a bright girl of 17, shocked the community; but the evidence tendered at the inquest startled it... The sad surroundings of the case... disclose a sad state of affairs... Sweating is no name for it, and the indignation of the public will not be satisfied until a law has been enacted which will make such examples no longer possible.⁸⁰

The tone of the article is impossible to ignore. It is similar to those struck in Tasmania's secular newspapers, and by the jury members at the inquest who demanded a royal commission into wages. Olive's suicide was not something she should be condemned for. When religious newspapers did discuss suicide, they did so in a way that matched prevailing community sentiment.

Obituaries and death notices in religious newspapers appear to have been reserved for luminaries of the church, something probably due to the relatively niche nature of the publications.⁸¹ Presumably limited circulation numbers and the monthly publication schedule common to most papers meant they were not a good medium in which quickly to circulate information. Most appear to have

⁸⁰ *Monitor*, 28 March 1906, p. 5.

⁸¹ See, for example, *Tasmanian Methodist*, May 1922, p. 9.

been written by religious ministers, and were not open to public submissions. Unlike Tasmania's secular press, there is no record of suicidal death in the classified sections.⁸²

Simon Cooke has shown how suicide began to recede from public view during the twentieth century, with the 1930s in particular heralding a dramatic decline in press coverage.⁸³ I have argued in Chapter Four that there might be some evidence of a similar trend in Tasmania, though news coverage certainly did not change to anywhere near the same extent as he has found in Victoria. But would it be fair to say that suicide had become a 'dirty little secret' in the religious press?⁸⁴ I believe it would not be. For the most part Christian newspapers did not report about suicide, but they also avoided other types of stories that appeared in the secular press. With the exception of the *Monitor* they rarely reported on crime, politics, sport, public events or business. Rather, *Church News* and the other papers were mostly designed to provide church news. They certainly did not use their publications to condemn suicide.

Material expressions of religious views

The shift towards sociological understandings of suicide—and therefore towards individual moral innocence—was not limited to abstract arguments. It can also be seen in the practical responses of the churches and their followers to suicidal deaths. This is of critical importance because, as with laws, religious dictates tell us very little about society or people's lives if they are not applied in everyday situations. As academic Julian Droogan notes, the 'concept of religion is largely

⁸² Obituaries are discussed below.

⁸³ Simon Cooke, 'A 'Dirty Little Secret'?', *Australian Historical Studies*, 31, no. 115 (2000), pp. 304-24.

⁸⁴ *Ibid.*

unintelligible outside of its incarnation in material expression'.⁸⁵ In order to understand the role played by religion in Tasmanian experiences of suicide, it is necessary to examine how religion shaped real-world events such as funerals, burial practices, and suicidal deaths.

As discussed in Chapter One, amendments to Tasmanian law in 1873 removed the right of the state to enforce property seizures and the denial of burial rites in cases of suicide not mitigated by insanity. Such verdicts may nevertheless have proved problematic for the individual's church leaders or religious community from the late nineteenth century. This is because, at least theoretically, insanity was the only way in which suicide could be morally excused by any of the Christian churches. Ministers in the Church of England, for example, were instructed by Canon Law not to allow a person who 'being of sound mind have laid violent hands upon himself' to be buried in consecrated ground.⁸⁶ Similar restrictions applied to Catholics. In practice, however, this decree appears not to have been followed. The records of the Cornelian Bay Cemetery show that in 1890 Richard B. was buried in the Church of England section despite not having received the exculpatory insanity verdict.⁸⁷ In the same year, John H. was buried in the Roman Catholic section after receiving the same judgement.⁸⁸ The Methodists allowed Auriel L. to be buried in their section in 1909, while the Free Church of Scotland permitted the burial of Jane W. in 1888.⁸⁹ Suicide, sane or

⁸⁵ Julian Droogan, 'Materializing Religion: Expression, Performance and Ritual (Review)', *Journal of Religious History*, 36, no. 2 (2012), p. 297.

⁸⁶ Church of England, *Canon Law*, B38 (2).

⁸⁷ Millingtons, *Cornelian Bay Cemetery Records Search*, http://server2.admin.millingtons.com.au:81/ASP/search_details.asp?RecordID=7647.

⁸⁸ Millingtons, *Cornelian Bay Cemetery Records Search*, http://server2.admin.millingtons.com.au:81/ASP/search_details.asp?RecordID=7835.

⁸⁹ Millingtons, *Cornelian Bay Cemetery Records Search*, http://server2.admin.millingtons.com.au:81/ASP/search_details.asp?RecordID=15899;

otherwise, was no barrier to a Christian burial in Tasmania at any time from 1873.

Attendance at the funerals of those who had died from suicide demonstrates the overwhelming sense of public sympathy that was attached to such events. In 1898, in the rural town of Sassafras, approximately 500 people attended John B.'s funeral. The *Launceston Examiner* reported it was 'the largest funeral seen here for some years'.⁹⁰ Such a presence in the event of a suicide was not unusual. John B.'s large funeral at Carrick 'showed the respect he was held in by his neighbours'.⁹¹ Potentially more morally challenging suicides also did not deter funeral-goers. The service for Philomena L., found *felo de se* in 1893, 'was attended by a very large number of sympathising friends'.⁹² Mary F., who was found to have drowned herself and her daughter while labouring under temporary insanity, was described by the local newspaper as being 'of a particularly amiable disposition' and of receiving a well-attended funeral.⁹³

Additionally, the memorial held for Ethel P., in Zeehan, was attended not only by 'several hundred citizens', but also by members of the influential Australian Natives Association.⁹⁴ It was common, in fact, for community organisations to show their support and sympathy at funerals. The Tasmanian Lacrosse

Millingtons, *Cornelian Bay Cemetery Records Search*, http://server2.admin.millingtons.com.au:81/ASP/search_details.asp?RecordID=6978. All accessed 21 December 2018.

⁹⁰ *Launceston Examiner*, 27 September 1898, p. 3.

⁹¹ *Zeehan and Dundas Herald*, 15 June 1897, p. 2.

⁹² *Mercury*, 3 March 1893, p. 3. See also 'Findings, Depositions and Associated Papers Relating to Coroners' Inquests', SC195/1/70 (no. 10212), *Tasmanian Archive and Heritage Office* (hereafter TAHO).

⁹³ *Wellington Times and Agricultural and Mining Gazette*, 28 May 1895, p. 2.

⁹⁴ *Examiner*, 25 August 1902, p. 6. For more information on the Australian Natives Association, see Stefan Petrow, 'Australian Natives Association', in *Companion to Tasmanian History*, available at http://www.utas.edu.au/library/companion_to_tasmanian_history/A/Australian%20Natives%20Association.htm. Accessed 22 March 2019.

community came together following the suicide of Austin B., who was also found to have been sane at the time of his death.⁹⁵ They sent official representatives, wreaths, and fellow players to the service.⁹⁶ This suggests that displays of sympathy were not only for the benefit of the surviving family, who would hardly have been known by the members of such groups, but were also a genuine and sympathetic response to the death of a friend. Organisations such as the A.M.A. and unions are also mentioned in various newspaper reports, as are the United Ancient Order of Druids who gave a financial donation to Emma F. following her husband's suicide.⁹⁷ Moral condemnation of perceived sinfulness does not appear to have figured into the funerals of Tasmanian suicide victims. Compassion for the deceased and their family was instead the dominant response.

Local religious groups and church leaders behaved in a similar way. Not only were they reluctant to denounce suicidal deaths as immoral, but they also played an actively compassionate role in many funerals. Throughout the period many churches hosted memorial services, and it was customary for religious ministers to conduct funerals themselves.⁹⁸ Though few records remain of what was said at such services, one account, of the burial service for Phillip S. read by New Norfolk's rector, stated unequivocally that his suicide must have been due to insanity, despite the absence of clear evidence of mental ill health.⁹⁹ He stated that Phillip 'could look back on an honourable past, and look forward to an honoured future', and asserted that his extreme happiness—'he was really

⁹⁵ Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/77 (no. 120190), TAHO.

⁹⁶ *Daily Telegraph*, 26 September 1906, p. 3.

⁹⁷ *Zeehan and Dundas Herald*, 30 December 1902, p. 2; *Daily Telegraph*, 29 June 1910, p. 1.

⁹⁸ *Examiner*, 1 September 1906, p. 10; *Daily Telegraph*, 22 May 1900, p. 2; *The Tasmanian*, 21 January 1893, p. 33; *Examiner*, 2 September 1936, p. 5.

⁹⁹ Findings, Depositions and Associated Papers Relating to Coroners' Inquests, SC195/1/73 (no. 11080), TAHO.

beside himself with joy’—must have caused him to ‘unconsciously’ do ‘what he would never have thought of doing when wholly awake’. The rector then concluded:

our late friend's death was, in this sense, as purely accidental as if he had fallen from a ladder, or been overturned in his boat. And we all devoutly pray that God will forgive that indulgence of an overmastering happiness, which led to the unconscious act that cost to him and to those to whom he was so dear a precious and honoured life.¹⁰⁰

There are two possible ways to account for the rector’s explanation of this case of suicide. First was that he simply did not hold a sin-based view of voluntary death, instead adopting the more secular attitude that almost all suicide was due to mental ill health. Alternatively, it is possible that, knowing the deceased well, the rector simply could not imagine that such a man would perpetrate such an egregious sin. The only explanation he could entertain, then, was madness, regardless of whether there was any evidence to support it. While this would constitute a sin-based conceptualisation of suicide, such reasoning would also demonstrate just how influential local connections were in shaping, and, critically, moderating the moral condemnations contained in religious approaches to suicide. In either event, therefore, official religious positions held little sway over the actions of official religious representatives.

This was because, like politicians and political parties, Tasmania’s religious organisations depended for their influence upon the support of their communities. They simply could not afford to diverge too drastically from those they claimed to represent. Tasmanian newspapers periodically printed tales of the outrage caused by interstate or overseas clergy refusing to read burial rites

¹⁰⁰ *Mercury*, 18 July 1899, p. 3.

in cases of suicide, with one going as far as to report that a ‘much incensed’ crowd told the reverend that he ‘deserved hanging’ for his actions.¹⁰¹ Though probably exaggerated, if not outright fictitious, these stories would nevertheless have reinforced the pressure on religious groups to act within the bounds of community norms.¹⁰² Local religious groups and officials also would have felt a duty to their community in a time of grief that potentially outweighed their need to warn their members of the morally hazardous nature of suicide. It is also possible, as suggested above, that many held similar beliefs about suicide as the members of their congregations: that is, they did not personally view suicide as inherently sinful, and instead adopted more secular approaches. It is impossible to be certain, but what is clear is that the apparent uniformity of religious opposition gave way to the understandings, beliefs, and expectations of the local community.

One of the more interesting developments during the period was the establishment of the Salvation Army’s Anti-Suicide Bureau. Founded in London in January 1907, the purpose was to ‘give sympathetic and sensible advice to despairing persons’, to help them resolve their troubles and to see them in a different light.¹⁰³ It was essentially an early incarnation of the Lifeline services that exist today. The institution quickly spread to Australia, and local bureaus were opened in Melbourne, Sydney, Brisbane, Adelaide and Perth, as well as numerous locations in the United States, by June of the same year.¹⁰⁴ An Anti-Suicide Bureau was never established in Tasmania, though Tasmanians

¹⁰¹ *Tasmanian News*, 10 April 1908, p. 4.

¹⁰² See also *Daily Telegraph*, 10 July 1908, p. 5; *Mercury*, 17 May 1873, p. 2; *Mercury*, 8 November 1873, p. 1; *Mercury*, 12 May 1874, p. 1; *Launceston Examiner*, 27 September 1877, p. 2; *Mercury*, 18 December 1877, p. 1; *Cornwall Chronicle*, 9 August 1875, p. 2; *Mercury*, 20 March 1876, p. 3.

¹⁰³ *North Western Advocate and the Emu Bay Times*, 7 January 1907, p. 3.

¹⁰⁴ *Daily Telegraph*, 1 June 1907, pp. 6-7; *Daily Telegraph*, 5 June 1907, p. 7.

contributed to and could access the services of the Melbourne Bureau.¹⁰⁵ The Anti-Suicide Bureaus were of a piece with the other 'rescue' work of (predominantly) Evangelical Protestant groups such as the Salvation Army, and in their structure were similar to the influential international temperance organisations of the same era such as the Woman's Christian Temperance Union.¹⁰⁶

Though the Salvation Army aroused a degree of controversy when they first established a presence in Tasmania, particularly from the 'larrikin' Skeleton Army who regularly disrupted their street processions, such animosity had largely subsided by the turn of the twentieth century and the time of the Anti-Suicide Bureaus.¹⁰⁷ Media coverage of the bureaus was widespread, and mostly glowing. In coverage spanning multiple pages of the same paper, and published under the headline 'A DESIRABLE INSTITUTION', the *Daily Telegraph* wrote how the bureaus were 'recognised as unquestionably the most original philanthropic scheme of the epoch' and stated the 'need for such an institution is clearly evident'.¹⁰⁸ Others published positive stories about the large numbers of people the Army had assisted in England, or the ever-expanding reach of their work.¹⁰⁹

The Anti-Suicide Bureaus were very much a product of their times. Officially, they were established as a response to a 'suicide epidemic' in London, and more generally to the widely held, if inaccurate, belief that suicide was increasing in

¹⁰⁵ *Advocate*, 22 July 1939, p. 8.

¹⁰⁶ Ian Tyrrell, *Woman's World/Woman's Empire: The Woman's Christian Temperance Union in International Perspective, 1880-1930* (London, 1991).

¹⁰⁷ Stefan Petrow, 'Creating an Orderly Society: The Hobart Municipal Police 1880-1898', *Labour History*, 75 (1998), pp. 183-5.

¹⁰⁸ *Daily Telegraph*, 5 June 1907, p. 4.

¹⁰⁹ *North Western Advocate and the Emu Bay Times*, 7 January 1907, p. 3; *Huon Times*, 13 July 1912, p. 1; *Examiner*, 3 January 1908, p. 5.

major cities across the world.¹¹⁰ Though cities were therefore a natural target for their activities, and of course provided proximity to many suicidal individuals, cities were also, as we have seen, the place in which organised religions were seeing their most marked declines in support. It is no coincidence that cities were the targets of most 'rescue work', or that the first expansion of the Anti-Suicide Bureaus outside of London was in the working class, manufacturing cities of Bristol, Birmingham, Manchester, Leeds and Glasgow.¹¹¹ Indeed, another article in the *Daily Telegraph* discussed the Anti-Suicide Bureaus and other programs under the headline 'NEW PROJECTS FOR RECLAIMING THE MASSES'.¹¹²

The intention of the bureaus (if probably not always the reality) was to provide 'practical' support to individuals in crisis. This was emphasised strongly in media coverage, which made it clear the bureaus existed to support people, rather than to impress on individuals and the public the moral danger posed by suicide.¹¹³ This too was an expression of attempted religious renewal. An interview with a superintendent of one of the bureaus, published in the *Examiner*, shows the new emphasis.

"But how do you reach them [the suicidal], how do you dissuade them?"

"By feeding the body first and the soul later; by giving human sympathy first and leading them to Divine sympathy later. These men and women are facing material distress. We must aid them with material relief.'¹¹⁴

¹¹⁰ *Ibid.* See also Howard Kushner, *Self-Destruction in the Promised Land: A Psychocultural Biology of American Suicide* (New Brunswick, 1989), pp. 151-8.

¹¹¹ *Daily Telegraph*, 5 June 1907, p. 4.

¹¹² *Daily Telegraph*, 5 June 1907, p. 7.

¹¹³ *Daily Telegraph*, 2 April 1908, p. 6.

¹¹⁴ *Examiner*, 10 May 1907, p. 6.

In this formulation, suicide was an earthly problem, to be treated with material and psychological support. Morality or religion was of little relevance. That an Evangelical group such as the Salvation Army would so publicly adopt such a position shows just how significantly religious attitudes to suicide were changing. That it was the Salvation Army who did so—one of the few churches to experience significant growth in the first half of the twentieth century and which was distinctly a product of the cities—shows just how influential broad demographic shifts were for the ideological and spiritual life of Tasmanian society. Allegedly derided as ‘faddy’ and ‘in the air’ in 1907, the Anti-Suicide Bureaus were receiving subscriptions in Tasmania into the 1940s.¹¹⁵

Death notices placed in Tasmanian newspapers also give very little indication that family members felt their relatives’ suicides represented a religious dilemma. Several used euphemisms such as ‘died suddenly’, but most were exceedingly normal, even formulaic.¹¹⁶ They stated the individual’s name, the names of their principal surviving relatives, and the date and location of their funeral.¹¹⁷ Some others included short poems, often with references to heaven or other religious rites of passage:

Beyond where death's dark billows roll,

Beyond these scenes of night;

He's gone, where gladness fills his soul,

To yonder, home of light.¹¹⁸

¹¹⁵ *Daily Telegraph*, 5 June 1907, p. 4; *Advocate*, 22 July 1939, p. 8.

¹¹⁶ *Mercury*, 16 December 1899, p. 1.

¹¹⁷ *Mercury*, 17 May 1873, p. 2; *Daily Telegraph*, 5 September 1908, p. 1; *Daily Telegraph*, 27 April 1910, p. 1; *Mercury*, 18 June 1910, p. 1; *Mercury*, 28 December 1910, p. 1; *Mercury*, 5 December 1911, p. 1; *Mercury*, 2 April 1940, p. 9.

¹¹⁸ *Examiner*, 19 August 1908, p. 1.

As with funeral attendance, whether or not an individual was found to have been insane at the time of their suicide had no bearing on the likelihood their family would place a notice in the newspaper.¹¹⁹ It seems improbably, therefore, that bereaved family members believed they were under any social pressure to treat their relatives' suicidal deaths particularly differently from any other, or that their own religious beliefs should constrain their responses, regardless of the inquest verdict. It was a sad, not a sinful or shameful occasion.

Though most Tasmanians who died from suicide either made no attempt to explain their deaths to others, or focussed instead on social or psychological circumstances or difficulties such as mental ill health, unemployment, or heartbreak, religious beliefs and meanings can nevertheless be found enmeshed in a number of individuals' suicidal behaviour. Several seem to have recognised the possible contradiction between their faith and their death. In 1911, John B., a young labourer from West Hobart and at least nominally a Roman Catholic, left a note to his friends: 'I am going to do a cowardly action, to take what does not belong to me – my life'.¹²⁰ The note was clearly informed by traditional conceptions of suicide and 'the good death': God had sole authority over life and death; suffering should be borne stoically.¹²¹ Though both the fact of his suicide and his subsequent plea for his friends' sympathy suggest Joseph B. did not

¹¹⁹ For the first five years after the depenalisation of suicide (1873-1877), death notices could be located for five out of twenty-five of those found to be insane. Two of the nine who did not receive such verdicts also had notices placed informing the public of their death. For the former group, see *Mercury*, 17 May 1873, p. 2; *Mercury*, 8 November 1873, p. 1, and *Tasmanian Tribune*, 8 November 1873, p. 2; *Mercury*, 12 May 1874, p. 1; *Launceston Examiner*, 27 September 1877, p. 2; *Mercury*, 18 December 1877, p. 1. For the latter, see *Launceston Examiner*, 10 August 1875, p. 2, and *Cornwall Chronicle*, 9 August 1875, p. 2; *Mercury*, 20 March 1876, p. 3.

¹²⁰ John B. was buried in the Roman Catholic section of the Cornelian Bay Cemetery. See Millingtons, *Cornelian Bay Cemetery Records Search*, http://server2.admin.millingtons.com.au:81/ASP/search_details.asp?RecordID=16897. Accessed 20 December 2018. *Examiner*, 29 December 1911, p. 5.

¹²¹ See also reports of the suicide of William S. in *Launceston Examiner*, 2 November 1897, pp. 6-7.

believe in the absolute truth of either formulation, Christian understandings of the nature of suicide were nevertheless of paramount importance to him during his last moments, shaping his final communication with the world.

Others sought to fulfil their Christian obligations by asking directly for God's forgiveness, whether for the act of their suicide, prior sins, or both. Thomas G., in 1876, left a letter in which he asked a friend to pray that he will be able to 'lay at rest'. He also asked that 'God forgive my sins, and receive my soul, and let me lie at peace'.¹²² John R. asked that 'God and my dearest Sue forgive me'.¹²³ Thomas R. repeatedly uttered the phrase 'God forgive us' after cutting his throat in 1906.¹²⁴ Christian understandings of suicide shaped individuals' behaviour prior to their death, even if such beliefs did not ultimately prevent their suicides. Many recognised the religiously problematic nature of the course of action they had decided upon, but, like Helena K., who made anxious inquiries in her final days as to whether 'God would pardon anyone who took their own life', decided in the final analysis that he would.¹²⁵

People who shared a suicide victim's final moments also occasionally tried to relay deathbed repentance. Thomas W.'s doctor, who attempted to treat his self-inflicted wounds, told the inquest that Thomas 'told me two days afterwards he had done a very foolish thing, and seemed sorry he had done so'.¹²⁶ Others were less direct, though their testimony had the same effect. As he lay dying from arsenic poisoning, John A. asked a bystander to 'procure the doctor, a stomach

¹²² *Tribune*, 30 November 1876, p. 3.

¹²³ Inquest Files, AGD20/1/14, TAHO.

¹²⁴ *Examiner*, 2 October 1906, p. 6.

¹²⁵ *The North West Post*, 9 October 1900, p. 3. I have been unable to locate any records which show Helena's religion or that of any of the individuals mentioned in this paragraph.

¹²⁶ Inquest Files, AGD 20/1/12 (no. 9176), TAHO.

pump, or an antidote'.¹²⁷ Though Michael Q., unfortunately from some religious perspectives, 'died without speaking', he apparently 'seemed make an effort to speak just at the time of his death'.¹²⁸ This suggests final repentance was not only seen as important for an individual's passage to heaven, but was also, through its connection to cultural conceptions of 'the good death', seen by some as being of great importance to either an individual's reputation or the peace of mind of their family.

A number of others assumed their suicide presented no religious dilemma at all, or in fact utilised religious teachings and their faith to justify their actions. John S. signed off a final letter to his wife by saying 'God bless you and me'.¹²⁹ Either oblivious to the potential implications of his suicide upon receiving a religious burial, or keenly aware that such restrictions did not apply in practice, Derwent C. told his mother in a letter that she could find him 'in the Catholic Burial Ground'.¹³⁰ Similarly, Albert P. set aside the very specific amount of £2 16s 10d to cover the costs of his interment.¹³¹ Most interestingly, Frank W. left a letter asking whoever found him to relay to a romantic interest that she should continue

to believe (as she does now) in the good Jesus; further, we shall surely meet again. God has sent me a message that he wants me to set up the title page of the book of life. Give my best love to all my friends, and whatever they say about me, don't be too hard, but thank God you are not in the same position... Jesus says: - 'Come unto Me all ye that are weary and heavy laden, and I will give you rest.'¹³²

¹²⁷ *North Western Advocate and the Emu Bay Times*, 26 February 1907, p. 4.

¹²⁸ *North West Post*, 26 January 1899, p. 2.

¹²⁹ *Tasmanian News*, 16 December 1899, p. 2.

¹³⁰ *Examiner*, 22 August 1907, p. 6.

¹³¹ *Mercury*, 30 January 1914, p. 5; *Daily Post*, 30 January 1914, p. 6.

¹³² *Mercury*, 21 July 1891, p. 4.

What is interesting here is that Frank W. used religious teachings that were not specifically about suicide to negate Christian prohibitions. Many others reasoned in a similar way, invoking their belief in God's mercy as a justification for putting an end to their suffering.¹³³ Shifting ideas about the appropriate Christian response to suffering, as identified by Pat Jalland, are evident here.

Though unfortunately the letter does not survive in the archival record, at least one suicide may also have been justified on distinctly atheistic grounds, and in terms not unfamiliar to the eighteenth century writers discussed earlier.¹³⁴ John M., who shot himself at the Cataract Gorge near Launceston in 1901, left a letter to his brother-in-law in which he stated that he was 'tired of life' and his financial struggles.¹³⁵ Newspapers reported he wrote that the 'generality of people have a horror of death, especially the dear pious souls', though he 'never could understand why', as death was 'something to be desired... when you have had enough of this world'.¹³⁶ It was his intention to die, 'not a groveling hypocrite', but as he had 'lived, believing in or fearing neither God nor devil, Heaven nor hell'.¹³⁷ Interestingly, he also quoted the Enlightenment-era British poet Lord Byron.

I would not if I might be blest,

I want no paradise but rest.¹³⁸

¹³³ *Zeehan and Dundas Herald*, 30 December 1902, p. 4.

¹³⁴ It is hard to determine exactly how accurate the newspaper reports are. The story was taken up by three papers, the *Mercury*, *Tasmanian News*, and the *Clipper*. Each offer differing levels of detail. The *Mercury*'s story is the shortest, while the *Clipper*'s is the longest. The stories are very similar, do not contradict one another, and all share a number of essential minor details. The report for the *Mercury* was written by their Launceston correspondent. I am inclined to believe they present an accurate reconstruction of the suicide note.

¹³⁵ *Mercury*, 8 May 1901, p. 3.

¹³⁶ *Tasmanian News*, 8 May 1901, p. 4.

¹³⁷ *Ibid.*

¹³⁸ *Clipper*, 11 May 1901, p. 4.

His explanation was channeling the same arguments that had been made in Europe more than a century before. Christian conceptions of death were fearful and misguided, suicide was no sin, and people were free to withdraw from society if they felt it no longer benefitted them. Indeed, John M. had stated he had treated the decision ‘as a business matter’, and had ‘been studying it for two or three weeks’, so the similarities between the two positions may have been both conscious and deliberate. It is quite possible others reasoned about their deaths in a similar way, even if they did not express their thoughts to others so explicitly. At least some Tasmanians understood the relationship between their suicide and Christian teachings by overtly discounting the value of the latter entirely.

Conclusion

This chapter has argued the religious practices that surrounded voluntary death in Tasmania constituted a site in which ideas, beliefs, traditions, and loyalties—new and old, local and distant—competed to shape the social response to suicide. It found official religious stances on suicide did not exert a significant influence on Tasmanian approaches. Public debate was dominated from the outset by secular perspectives that located the causes of suicide not within a binary of sin or insanity, but in social circumstances and psychological conditions. As was shown, this shift in emphasis also began to appear in religious portrayals of suicide, which increasingly sought to blame suicide on behaviours such as declining piety, drinking, and gambling that particularly affronted the churches.

This in turn meant public and ecclesiastical responses to suicide were not overlain with moral condemnation. Even for those found to have been legally culpable, burials were unimpeded, funerals were well attended and presided over by sympathetic clergy, and families felt free to advertise their relatives' deaths in conventional ways. The loyalties, sentiments, understandings, and expectations of Tasmanian communities, rather than religious prescriptions, governed public responses to suicidal deaths.

Perhaps the area in which religious considerations featured most was in the behaviour of suicidal individuals. It must be stressed again that it was uncommon for people to leave letters or notes, and those who did were also far more likely to emphasise social or psychological causes, or to use their communications to bid a final farewell to their loved ones. But a number of cases nevertheless demonstrate that both religious opposition to suicide and Christian conceptions of 'the good death' featured heavily in their considerations. Several wrote in advance to ask for God's forgiveness (or at least to pass on to others that they had done so). Some sought to justify their suicides by reference to other religious precepts, while others simply assumed that their death did not present a religious dilemma at all. At least one individual explicitly challenged religious teachings from an Enlightenment perspective in his final communication. Therefore, while conceptions of suicide as a sin did not feature significantly in public debates or mourning rituals, suicidal behaviour continued to be shaped by either personal religious sentiment of a general nature, or, more rarely, recognition of official religious opposition.

Conclusion

Michael MacDonald and Terrence Murphy have shown that secular understandings of suicide began emerging in England during the late-seventeenth century. Two hundred years later, in a colony on the other side of the world, secular approaches had also become well established as the primary way in which Tasmanians understood suicidal behaviour. Witnesses at inquests would invariably point to mental ill health and challenging personal circumstances when attempting to account for the suicides of their friends and family members. The coroners and jury members to whom they recounted these explanations took their responsibilities as investigators seriously, and did not seek to impose moral judgements on the corpses that lay before them. Newspapers similarly eschewed ethical judgements, instead producing detailed, factual, and morally neutral coverage. Official opposition to suicide from Tasmania's major religions had next to no influence in public debates or the actions of religious ministers, nor any practical manifestations such as the denial of burials in church grounds.

The dominance of secular understandings had profound consequences for the practices, policies and institutions that Tasmania developed to try to manage and prevent suicidal behaviour from 1868. In the area of the law, suicide was depenalised in 1873. The threats of night burial, denial of religious rites and property confiscation, though not really ever enforced, were permanently expunged from the statute book because of the harmful effect such measures could have upon surviving family members, and because it was no longer seen as appropriate for a modern secular society to maintain such 'barbarous relics of

feudal times'.¹ Similar considerations underpinned the full decriminalisation of suicidal deaths in 1913, which occurred without any notable opposition. In the late 1930s the verdict that a person had died from suicide 'whilst the balance of his/her mind was disturbed' was made available to coroners, and reflected more nuanced understandings of suicide in which a person needed not be designated either insane or wholly responsible for their actions. Over the period, the law shifted from designating suicide as a crime that should be deterred, to reflecting its complex mix of social, psychological and circumstantial causes, and accordingly treating suicide much like any other form of death.

Though attempting suicide remained a crime through to 1943, the way in which the legal system handled such cases changed significantly. At the beginning of the period, police were almost always involved in cases that became public knowledge. Convictions could and often did result in jail sentences, particularly for single women and the poor. A marked decline in both the number and severity of sentences for attempted suicide is evident from the 1880s, and from the 1910s police started to make significant efforts to connect individuals to familial, social or medical support systems. From the 1920s the approach of both the police and the courts was almost exclusively focussed on preventing future suicide attempts, and by the 1940s prosecution was being phased out entirely. Attempted suicide had shifted from a criminal issue to a medical and social one.

Secular and medical understandings of suicide were also reflected in the growing professionalisation of the institutions used by the state to record and account for suicidal deaths. Inquests, which had traditionally been held in familiar settings

¹ *Mercury*, 29 September 1976, p. 3.

such as the family home or the local pub, began to move to more professional settings. In the 1890s, inquests in Hobart and Launceston were held in the hospital, and from 1910 in court buildings. This practice spread across Tasmania as more facilities were constructed and transport improved, and by the 1940s hotel and private residences were not used at all. Post-mortems were not conducted in a single case of suicide before 1897, but from 1906 until the end of the period there was only one case in which they were not performed. Legislation passed in 1909 brought about the abolition of coronial juries, and also removed the requirement of the coroner to personally view the body. All of these changes had the effect of transferring power over the form and results of death investigations from the everyday citizenry to coroners and, particularly, to medical specialists. Such a shift reflected secular and medical approaches to suicide: dying by suicide was no longer a moral or community concern, but was instead a medical problem requiring the skills, knowledge and professionalism of experts.

Psychiatric facilities were a relatively recent innovation in 1868, and medical understandings of suicidal behaviour and mental ill health were still in the early stages of development. Into the twentieth century, the common approach of Tasmanian institutions, as well as of families who had received medical advice and were caring for relatives themselves, was to prevent access to any means of suicide, to keep a close watch on the individual, and to wait until such time as the suicidal individual could begin to return to everyday activities. This was not possible in many cases, and at the Hospital for the Insane at New Norfolk it was common for suicidal individuals to be physically restrained in camisoles and other devices, sometimes for months at a time. From the 1920s, drugs, and

particularly various sedatives, began to be used more freely and experimentally in psychiatric care, and the focus of the hospital began to shift to the conduction of research and the development and trial of new treatments. Shock therapy began to be used with some success as a treatment for suicidal individuals in the late-1930s, and the use of physical restraint was eliminated by the 1940s. By the end of the period, Tasmanian psychiatry had shifted from a model of care and control to one of cure. Above all, this development reflected the medicalisation of suicidal behaviour, and of mental ill health more generally.

None of these shifts were isolated to Tasmania. Law reforms were both preceded and following by near-identical changes in Britain and the other Australian states, as was the new approach of the legal system to managing cases of attempted suicide. Changes to the nature and functioning of the coronial system occurred alongside similar shifts across Australasia, and were part of Progressive Era reform more generally. The rise of psychiatry and the development of interventionist treatments was an experience common to most of Western Europe and North America. The broad historical forces that underpinned such shifts—urbanisation, society-wide secularisation, and the emerging dominance of scientific medicine—were also not uniquely Tasmanian. The general findings of this thesis are therefore likely to apply to many other western societies as well.

Liberalising law reform, the professionalisation of the inquest process, and the growing emphasis of psychiatry on trying to cure patients are each significant shifts in their own right. When viewed together, and alongside the dominance of secular and medical understandings of suicide that is revealed through an

analysis of newspapers, inquest testimonies and religious practices, we can see just how fundamentally Tasmanian society changed the way in which it responded to suicide and suicidal behaviour. While the historiography locates the emergence of secular understandings and attitudes to suicide in the early modern period, it might also usefully consider the decades either side of the turn of twentieth century as the period in which these ideas translated into practical reform. In these years, secular and medical understandings of suicide moved from the minds of the public to the experience of the suicidal.

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